



official and personal capacities. Pendant state tort claims are also brought in the nature of Intentional Infliction of Emotional Distress, Medical Malpractice, Strict Liability and Negligence. OSBN has failed to insure that its licensees are properly trained, has maintained false records, and maintains dangerous, unsafe policies and procedures.

## II

### JURISDICTION

2. This Court has jurisdiction by virtue of 28 United States Code Sections 1331 and 1343. This action arises under the First and Fourteenth Amendments to the United States Constitution and 42 United States Code Section 1983. This court has supplemental jurisdiction over the questions of Oregon State constitutional, statutory, and administrative law pursuant to 28 U.S.C. §1367.

## III

### PARTIES

3. Plaintiff is a citizen of the state of Oregon and currently a prisoner at the Oregon State Penitentiary (OSP).

4. OREGON DEPARTMENT OF CORRECTIONS (ODOC) is a government agency that has oversight over the Oregon State Penitentiary, including OSP Food Services, and OSP Health Services.

5. COLLETTE PETERS is the Director of the Oregon Department of Corrections who is responsible for assuring health care is properly provided to Oregon prisons, and that inmates of the Oregon Department of Corrections are provided a safe environment and adequate equipment in their work assignments.

6. C. DIGIULIO, is the Medical Administrator of the ODOC overseeing all medical personnel employed by the ODOC and assisting the Director of ODOC in assuring health care is properly provided to Oregon prisons.

7. BRANDON KELLY is the current Superintendent of the Oregon State Penitentiary who has oversight over the Oregon State Penitentiary, including OSP Food Services and OSP Health Services.

8. JEFF PREMO is the former Superintendent of the Oregon State Penitentiary who had oversight over the Oregon State Penitentiary, including OSP Food Services and OSP Health Services, throughout the period of time in which the events of this complaint took place.

9. KEITH DAVIS is the Oregon State Penitentiary Food Services Section Manager who is responsible for the unsafe working environment in which Plaintiff was originally injured and who established a policy of denying protective work boots to his workers.

10. RICHARD RIDDERBUSCH is the Oregon State Penitentiary Food Services Section Assistant Manager who is responsible for the unsafe working environment in which Plaintiff was originally injured and who denied protective work boots for Plaintiff two weeks before his injury.

11. CARRIE COFFEY is the Health Services Manager for the Oregon State Penitentiary who is responsible for the training and management of nurses who work for the prison, and who oversaw and participated in covering up the actions of nurse Julie McCrae that are a subject of this Complaint.

12. JULIE McCRAE is a nurse who worked for the Oregon State Penitentiary Health Services Section and who is directly responsible for the intentional re-injury inflicted on Plaintiff during his medical treatment.

13. BRENDEN MAGEE is a Nurse Manager who works for the Oregon State Penitentiary Health Services Section and who is responsible for attempting to conceal or cover up the actions of Nurse McCrae.

14. The OREGON STATE BOARD OF NURSING (OSBN) is the political subdivision of the executive branch of the State of Oregon which oversees licensure, certification, education, and compliance of registered nurses, licensed practical nurses, nursing assistants, and advanced practical nurses.

15. ROBERTA POOLE is an OSBN Nursing Complaint Intake Coordinator in charge of reviewing licensee medical complaint allegations.

#### IV

##### ATTORNEY FEES

16. Attorney fees, if incurred, are sought against all defendants.

#### V

##### PLRA INFORMATION

17. Plaintiff has not filed any previous federal court actions.

#### VI

##### NATURE OF THE CASE

18. Plaintiff was required to work in unsafe working conditions without adequate protective footwear, resulting in a serious physical injury to his feet, then denied adequate medical treatment constituting cruel and unusual punishment under the Eighth Amendment to the United States Constitution in the form of prolonged suffering from being required to work in unsafe working conditions, from the improper treatment of his burn wound, and from the



Defendants' efforts to conceal their wrongdoing, demonstrating deliberate indifference to Plaintiff's serious medical need.

## VII

### FACTS COMMON TO ALL CLAIMS

19. On May 30, 2015, Plaintiff's feet were badly burned while working in the Oregon State Penitentiary (OSP) Food Services Section. (See Attachment 1 – OSP Inmate Injury Report.) While Plaintiff was doing his job, another inmate worker was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As Plaintiff walked into the room, the other inmate worker dumped boiling water onto the floor and it came from under the grill, immediately filling both of Plaintiff's shoes. This caused severe burns to Plaintiff's feet, which required treatment for over 21 days.

20. Prior to this incident, Plaintiff asked the Assistant Food Services Manager, Richard Ridderbusch, to provide him with work boots, but Mr. Ridderbusch refused. Mr. Ridderbusch said the Food Services Section only provided work boots for a few select inmates (approximately  $\frac{3}{4}$  of the inmates working there) and that Plaintiff was required to wear his own shoes. Mr. Ridderbusch stated this policy came from Food Services Manager Keith Davis. However, this was an unreasonable approach to safety because the entire Food Services Section contains various hazards, including the boiling water that injured Plaintiff. Plaintiff was working under the same hazardous conditions as those who were provided boots. If Plaintiff had been issued boots, he would not have been injured. (See Attachment 2 – Grievance No. OSP-2015-06-052.)

21. After Plaintiff's injury, he was not assisted with submitting an accident report or provided any instruction for making a claim with the Inmate Injury Fund. In fact, it was

apparent this procedure was deliberately left vague and unexplained in an attempt to confuse those who need to make claims so that they will make procedural mistakes or miss deadlines. In fact, to this date, Plaintiff has not been provided any actual guidance on this matter and Plaintiff does not know the status of any potential claim.

22. As a result of these preventable injuries, Plaintiff was treated in the OSP Health Services Clinic. While Plaintiff was being treated by J. Olachea, RN, and W. Hughes, RN, he was asked by both nurses what time he wanted on his daily treatment pass, and was told by them to be aware that whatever time he chose would stay the same throughout the duration of his treatments. Plaintiff chose 6:00 p.m.. Plaintiff's treatment went well for several days with no complaints from staff until he was treated by defendant nurse Julie McCrae. On 06-04-15, when Nurse McCrae was on duty, she expressed her anger with Plaintiff for being scheduled to change his bandages at a time she disagreed with. Defendant McCrae asked Plaintiff why he was there. Plaintiff replied that he was there for his bandage change. Defendant McCrae said, "No, not that. Why are you here for bandage change at 6:00 p.m.?" Plaintiff replied that he had previously been issued a pass to the infirmary for 6:00 p.m. daily bandage treatments. Defendant McCrae immediately gave Plaintiff an attitude and she was very angry that his bandage changes were scheduled for the evening. She was very rude and insisted that his bandage changes be scheduled for 3:00 p.m. starting on 06-05-15. Plaintiff asked McCrae to please leave him at 6:00 p.m., but she rudely said, "No!" On 06-05-15, Nurse McCrae was not on duty and Plaintiff asked another nurse, Nurse Hughes, if he could get his bandage change schedule returned to 6:00 p.m. She said okay and rescheduled him daily at 6:00 p.m. On 6-9-15 while Plaintiff was in the Health Services waiting room waiting for treatment, Defendant McCrae was leaving her shift and saw Plaintiff there at 6:00 p.m. The next day, shortly after Defendant McCrae returned to her

shift at 2:00 p.m., on 6-10-15, Nurse McCrae found out that Plaintiff had his schedule altered and had him specially called to the infirmary at 2:45 p.m. by a cell block sergeant's pass, several hours ahead of his 6:00 p.m. appointment. (See Attachment 5 – Block Sergeant's Pass.) When Plaintiff arrived, Nurse McCrae had an inmate infirmary worker hold open the door for Plaintiff to enter, ahead of other inmates in the waiting room who had been there waiting before Plaintiff arrived. Defendant McCrae immediately began to yell at Plaintiff for having his schedule changed. Plaintiff then explained that he had asked to have the time changed back. Nurse McCrae screamed that Plaintiff could not just go behind her back to get his schedule changed. She also claimed Plaintiff was undermining her authority and she changed his time back to 3:30 p.m. She then put a note in the computer to reset his bandage change time, and for no one to change his bandage change schedule in the future. Nurse McCrae then insisted that she change Plaintiff's bandage, since he was already there. Plaintiff clearly sensed Defendant McCrae's hostility, so he tried to unwrap his Coban bandage before she could injure him, but he ran out of time. Coban bandages are much like an ace bandage, except that Coban bandages have adhesive on them so that they stick to themselves. Plaintiff had two layers of the bandage around his feet, one layer around the ankle to keep it in place and then two more layers around his feet. Plaintiff hastily attempted to unwrap his bandage, because Defendant McCrae was clearly angry, and Plaintiff was afraid that she might harm him in the process of removing the bandage. As Plaintiff got the bandage down to the two layers around his foot, he was explaining to Nurse McCrae that his wound was still fresh, in response to her question of why he was still getting treatment after so long. Plaintiff further explained that his wounds were not healed yet, and that the day before another nurse had extended his treatment for another week. Defendant McCrae said, "I'll be the judge of that," as she grabbed the bandage and pulled it straight up, causing the bandage and

gauze pad to twist around Plaintiff's foot until it finally came loose. Nurse McCrae had assumed Plaintiff's wound was healed more than it actually was, because she has no proper medical training. She tore Plaintiff's wound open and removed flesh, causing it to bleed. Defendant McCrae immediately began to laugh as if there was no problem, as soon as she saw what she had done to Plaintiff's wound. She said, "Look, there's no blood," even as she began to use towels to soak up the blood from her mistreatment and abuse. This was assault and battery. Plaintiff's bandages had been changed twelve times previously and Plaintiff's feet were never re-injured, until Nurse McCrae deliberately and vindictively ripped the bandage from Plaintiff's foot. It is clear that Defendant McCrae retaliated against Plaintiff to punish him for having his treatment time changed against her wishes, and she further damaged Plaintiff's wound as a result. Her mistreatment of Plaintiff's foot was painful and it caused his injury to take longer to heal than necessary. Her actions were unwarranted and unprofessional. (See Attachment 3 – Grievance No. OSP-2015-07-016.)

23. On 06-11-2015, the day after Nurse McCrae's medical abuse, during Plaintiff's next treatment, he explained Nurse McCrae's abuse to RN J. Olachea, who was very apologetic. Plaintiff asked him to please bring a second nurse to witness the bloody bandage that was being changed because there had never previously been a bloody bandage. RN W. Hughes then entered the room and Plaintiff explained what Nurse McCrae did to his injury the day before. Plaintiff wanted both nurses, Olachea and Hughes, to witness the bloody bandage; after all, they had changed most of Plaintiff's bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

24. Unfortunately, Plaintiff's medical file had been misplaced for several days prior to this incident and Plaintiff asked both Nurses, Olachea and Hughes, to please take a mental note

and to document their findings into Plaintiff's medical file as soon as it was located, because he wanted to file a complaint against her. They said they would. They said that they could log only that they had seen the bloody bandage the day after McCrae's assault on Plaintiff's wound, but could not log McCrae's assault, because they had not witnessed it. Plaintiff replied that that was all he asked of them. Plaintiff sent Communications to both Olachea and Hughes reminding them to log their findings into Plaintiff's record. (*See* Attachments 15 and 16, Communications addressed to Olachea and Hughes.) It was very important because Plaintiff intended to file a complaint against McCrae, and if they failed to log their bloody bandage findings into Plaintiff's records, McCrae would be able to get away with re-injuring Plaintiff by ripping his bandage off. Plaintiff did not suggest that Olachea and Hughes do anything dishonest, but rather that they honestly enter into Plaintiff's medical records what they had witnessed. These Communications prove that there has been no deception on Plaintiff's part, nor on the part of Olachea and Hughes. Plaintiff sent a second set of Communications to Olachea and Hughes that essentially mirror the first set, with the addition of a postscript reminding them that Plaintiff had until the 5th of the month to file a grievance against McCrae and therefore asking that they please hurry. (*See* Attachments 17 and 18, 2nd set of Communications to Olachea and Hughes.) Defendant Magee provided the written response to all four of the Communications addressed to Olachea and Hughes. (*See* Attachments 15, 16, 17, and 18.) Because of Magee's diverting the Communications addressed to Olachea and Hughes, they never saw those Communications. This was Magee's way of insuring that the bloody bandage witnessed by Olachea and Hughes was not logged into Plaintiff's medical record. Magee has been successful so far in covering this matter up, in that Olachea and Hughes have not logged into Plaintiff's medical records the bloody

bandage they witnessed. Plaintiff is willing to take a lie detector test to substantiate that he is telling the truth about these facts.

25. When Defendant McCrae had summoned Plaintiff to Health Services on 6-10-15, Plaintiff scanned his I.D. Card in the desk officer's scanner, documenting his being present in Health Services for at least one half hour. However, Plaintiff's medical records show that Defendant McCrae did not log into the Progress Notes or Physician's Notes sections any reason for Plaintiff being in Health Services on 6-10-15. Given that standard procedure in ODOC Health Services is to log in an inmate's medical record every time an inmate receives treatment, this was patently Defendant McCrae's attempt to conceal her infliction of physical injury and emotional distress upon Plaintiff. The day of Nurse McCrae's infliction of further injury to Plaintiff's wound, Plaintiff sent a three-page Inmate Communication (kyte) with complete details of the facts of her actions and asking her why she had done this to him. (*See* Attachment 19, Communication addressed to McCrae, dated 6-10-15.) She has not responded to that Communication. In this kyte Plaintiff explained in detail the abuse, assault of McCrae on Plaintiff's wound, and asked McCrae why she felt it necessary to cause him re-injury. There is no excuse for McCrae assaulting anyone for any reason, especially in retaliation for Plaintiff having his treatment time rescheduled. Rather than McCrae responding to the kyte addressed to her, Nurse Manager Magee responded to the kyte, claiming it was deferred to him, which is a lie. Magee started his cover-up of McCrae's assault from day one and continues today, years later, to interfere with Plaintiff's case, and every case before him for his entire career. In his response, Magee states that McCrae does not believe that any personal factors influenced her actions and they were driven by nursing and Department policies and procedures as Plaintiff's medical records report. His response is a jack. He never claims McCrae did not assault Plaintiff, but

rather that her assault is because she is bound by rules, policies followed by ODOC. Magee also states that Plaintiff should see Magee's response to Plaintiff's kyte addressed to Defendant Coffey for further clarification. Magee has no business responding to Coffey's kyte because Coffey is a nurse manager herself, capable of responding. Magee has been doing these things for years, covering up for OSBN. This too is a complete lie; McCrae is a very rude person, verbally and physically assaultive. Personality issues played a huge part in McCrae's assault on Plaintiff. No one deserves to be assaulted by McCrae's re-injury that is protected by OSBN's determination of protecting records at any cost. Magee is stating McCrae's actions are approved by his and OSBN's dangerous, unsafe policies, actively carried out by their sorry Department that led up to Plaintiff's assault. McCrae was forced to resign from working at OSP a few months after her assault on Plaintiff, for combined reasons like Plaintiff's assault and numerous complaints just to continue working under OSBN's protected license to carry on with her assaults through 2018.

26. Plaintiff also sent Nurse Manager Coffey a kyte stating the facts of the actions of Nurse McCrae and asking Coffey not to allow McCrae to treat or re-injure him in his remaining treatments of the following week. Defendant Coffey has not responded to that Communication. Nurse Manager Magee responded to the kyte addressed to Coffey even though she is a nurse manager herself and capable of responding. Magee has been actively covering up the abuse at any cost for OSBN for years and will continue to protect licenses for them. In Plaintiff's kyte to Coffey, Plaintiff explained what took place, like the scheduling problem and McCrae's assault on Plaintiff's wound, asking Coffey not to allow any more abuse by McCrae in the future. In Magee's response he state that he believes there is a misunderstanding related to scheduling Sick Call or treatment appointments. He states that Sick Call ends at 3:30 p.m. every day and McCrae was acting in accordance with OSP Health Services policies and procedures to change Plaintiff's



appointments from 6:00 p.m. to 3:00 p.m., and that unfortunately this mistake is a result of Plaintiff being scheduled too late in the day in the first place and then changed back again. He then said 3:00 p.m. is a reasonable time. This response minimizes the assault that McCrae committed against Plaintiff. The primary issue is not the scheduling dispute. The primary issue is McCrae's assault on Plaintiff. Magee states that Plaintiff failed to provide any evidence to substantiate his claim of abuse. As explained in paragraph 24 above, Plaintiff was obstructed by the actions of Magee from having evidence of the assault entered into his medical records by staff witnesses. Magee's response to a kyte addressed to another nurse manager is a joke. The reason no evidence will ever be found to substantiate claims of abuse by nurses under Magee's management is because of his actions to cover up the abuse. Magee claims that he puts together a therapeutic environment in the OSP Clinic, but in the twenty years that Plaintiff has been incarcerated he has seen many people forced to endure neglect, pain, and suffering. Magee's responses to six kytes addressed to others are examples of the tactics he uses to cover up the abuses committed by nurses under his management by insuring that no evidence of their abuses is entered into the medical records. (*See* Attachments 15 through 20.)

27. For some time after Plaintiff filed a grievance on McCrae, each time Plaintiff would be in the Health Services waiting area waiting to be called in to receive treatment or to see Health Services staff, when Nurse McCrae would see through the window into the waiting area from the nurses' working area that Plaintiff was waiting, Nurse McCrae would make mocking faces at Plaintiff, raising and waving her arms above her head.

28. When Plaintiff did not hear back from either nurse Olachea or Hughes within the 30-day limit to file a grievance, he sent them both kytes to remind them that they said they would make a notation in Plaintiff's file of the condition of his foot. Plaintiff did not get a response



from them, so he sent them follow-up kytes expressing his concerns. Instead of getting a response back from either nurse Olachea or Hughes, Plaintiff received on the same day a response from Nurse Manager Magee to six separate kytes that Plaintiff had addressed to Nurses Olachea and Hughes. In one response, Defendant Magee advised Plaintiff not to send any more kytes to his nurses and accused Plaintiff of using “staff splitting tactics” even though all Plaintiff was attempting to do was to have his medical file updated to accurately reflect what occurred. The next day, Nurse Manager Magee issued Plaintiff a Major Disciplinary Report listing three major violations for writing to his nurses. (See Attachment 10 – Misconduct Report with disputed kites attached.) This Disciplinary Report was dismissed by the hearings officer.

29. It is clear that Nurse manager Magee intercepted all of Plaintiff kytes in a deliberate effort to prevent him from documenting the improper actions and abuse of one of his nurses, Nurse McCrae. To do this, he falsely accused Plaintiff of attempting to cause problems between staff. This was completely false and dishonest. The only request Plaintiff made in his Communications to Nurses Olachea and Hughes was to log the incident they witnessed into Plaintiff's medical file so that he could document what occurred in case he later needed to file a complaint because of McCrae's abuse. (See Attachment 4 – Grievance No. OSP-2015-07-067.)

30. Plaintiff is entitled to have his medical file accurately reflect the truth. It was actually Nurse Manager Magee that was seeking to manipulate Plaintiff's file. Moreover, Plaintiff is required by rule to document and prove any grievance claims he may make. Plaintiff is also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120(4) states that “staff should make every effort to respond to an inmate communication form within seven days of receipt.” It does not say that other staff should intervene in the communication. However, Nurse Manager Magee intervened and did not allow this process to occur. Instead,

Nurse Manager Magee directly ordered Plaintiff not to communicate with staff, thereby in violation of the aforementioned rule, and issued a disciplinary report to Plaintiff for his legitimate efforts to have his medical file updated accurately.

31. Nurse Manager Magee attempted to cover-up the abuse by Nurse McCrae and, in doing so, violated Plaintiff's right to be free from cruel and unusual punishment under the constitutions of both Oregon and the United States. Nurse Magee also engaged in obstruction of governmental or judicial administration in violation of ORS 162.235. Additionally, he tampered with witnesses and public records in violation of ORS 162.285 and 162.305. Furthermore, Nurse Manager Magee engaged in coercion in violation of OAR 163.275 when he improperly attempted to force, or intimidate Plaintiff into abstaining from seeking to update his medical records and to complain about Nurse McCrae.

32. Nurse Manager Magee responded to the grievance Plaintiff filed on Carrie Coffey (Grievance #2017-04-057) as a means of covering up the abuse by responding to her grievance. Plaintiff tried to appeal Coffey's grievance mentioning Magee's response was denied by the OSP Grievance Coordinator A. Kidwell to make corrections claiming Plaintiff was expanding the scope of his original grievance. Plaintiff made some corrections, sent communication forms to explain that Plaintiff was not the one expanding the scope, rather Coffey and Magee have expanded the scope of the grievance by having Magee respond. Magee is a third party not mentioned in Coffey's grievance, has no business responding. Coffey and Magee have been using each other for years and years to cover up Plaintiff's abuse and so many others here. They respond to each other's grievances as a means of covering up every case that has been before them for years by not being held personally accountable for their misdeeds, corruption, by distancing themselves from answering to their own grievances. It takes Plaintiff several attempts

at the grievance appeals to try to explain the facts which are hard with narrow grievance guidelines, failure to respond personally. Plaintiff attempted to file additional grievances on Magee and Coffey, him for responding to her grievance, her for failure to answer personally, they were both denied claiming Plaintiff can only grieve one time per issue. They are practicing dangerous policies, procedures set forth by OSBN and the ODOC Medical Director, to keep their records clean of wrongdoing, allowing nurses to abuse under OSBN's license protection. These policies, procedures are dangerous to both Plaintiff's and the public's safety, as well as being criminal in nature, and therefore need correcting immediately.

33. Plaintiff filed a grievance with the Oregon State Penitentiary Grievance Coordinator on Defendant McCrae for re-injuring his wound. In response to this grievance Defendant McCrae denied re-injuring Plaintiff's wound. (See Attachment 3 – Grievance No. OSP-2015-07-016.)

34. Plaintiff filed his first complaint with the Oregon State Board of Nursing (OSBN) on 12-16-15 alleging the same issues as described above against Nurses McCrae and Magee. Plaintiff did not send this first complaint certified mail because he believed that OSBN would respond professionally and honestly. However, OSBN did not respond to Plaintiff's complaint. (See Attachment 6 – Full Record of Correspondence with OSBN.)

35. Plaintiff subsequently sent letters to OSBN requesting information on the status of the complaints he had filed and updating them on his continuing difficulties with communicating with Defendant Magee about his complaint against Defendant McCrae. It was not until Plaintiff sent a third letter to OSBN via certified mail that Plaintiff received a reply from OSBN approximately one year after sending his initial complaint. OSBN responded that it had never received Plaintiff's complaint. OSBN sent Plaintiff two new complaint forms, which he

completed and returned to OSBN on 11-1-16, along with copies of his first complaint, copies of the follow-up letters he had sent OSBN before, and a copy of a mail log provided by Oregon State Penitentiary Law Library documenting that Plaintiff had sent his first complaint to OSBN on 12-16-15, along with a cover letter asking why OSBN had not contacted him until his third letter to them explaining in detail the alarming facts of McCrae's re-injury of Plaintiff's wound, and asking that they investigate his complaints. OSBN did not respond to Plaintiff's request for an investigation, and denied his legitimate complaint, stating that OSBN found nothing wrong with Defendant McCrae's ripping the bandage from Plaintiff's wound, causing re-injury. OSBN is clearly attempting to conceal and cover up Defendant McCrae's actions in re-injuring Plaintiff. (See Attachment 6 – Full Record of Correspondence with OSBN.)

36. Following OSBN's denial of Plaintiff's complaint, on 3-28-17 Plaintiff sent a letter via certified mail to OSBN asking for an appeal packet in order to appeal OSBN's response to his complaint. Plaintiff has received no response to his request to OSBN for an appeal packet. Plaintiff addressed a letter to Oregon Office of the Governor, Attn: Boards & Commissions, requesting information on how to file a complaint against OSBN. Plaintiff has received no response from Boards & Commissions. (See Attachment 7 – Letter to Boards & Commissions.) Plaintiff also sent a five-page letter to Oregon Governor Kate Brown explaining in detail his complaint against Nurses McCrae and Magee, asking that the Governor send him information on how to file a complaint with the Governor against these nurses, and asking for information on how to file an appeal of the decision of OSBN. Plaintiff has received no response from either OSBN or the Governor. (See Attachment 8 – Letter to Governor.)

37. OSBN is actively protecting its licensees' records from legitimate complaints and wrongdoing, allowing Defendants McCrae, Magee, and Coffey and their OSBN staff to keep

perfect records and allowing their nurses to rip bandages from patients' wounds for as long as they please. Plaintiff warned OSBN almost three years prior to this writing about McCrae's reinjury, yet she is still working under the protection of OSBN, through 2018. This issue has been occurring years before Plaintiff's run-in with McCrae, Magee, Coffey, and OSBN. The fact is, while discussing McCrae's reinjury to other friends shortly after his abuse, numerous people were making verbal complaints about McCrae's behavior they witnessed or were victims of. I strongly recommended they make it formal and file complaints on her, combined our complaints will get her fired from here. McCrae has a foul mouth, and is very rude and abusive, so naturally we would want her fired from here. OSBN does not take our legitimate complaints seriously as they claim. In fact, the word "serious" is a complete joke to OSBN. Check all of their records and you will see they have perfect records; this is the only thing OSBN is serious about doing. If they would have taken our complaints seriously years before my abuse occurred, McCrae, Magee, and Coffey would not be licensed to reinjure people. OSBN is keeping false records both here and in the community by not being honest about their licensees' complaint records, allowing abusive nurses to harm others for years. The public needs to be notified of this dangerous practice so they can make a safe, educated choice of medical attention or treatment. OSBN neglected to protect my safety from McCrae, Magee, and Coffey.

38. OSBN executives, directors, and staff need to hold themselves accountable for what is taking place with the whole department, if not fire the entire department and start over. With no corruptions, no covering up abusive nurses, hold each other accountable, protecting the safety of everyone, including the public. It makes no sense that OSBN would rather lie about the facts rather than keep the public and us safe from harmful nurses. Their actions are criminal and they need to be stopped. But not even their boss, the Governor Kate Brown, cares, because I notified

her of their actions, but she never even responded. She is now covering up the facts herself, protecting OSBN and its licensees to kill or harm others. I filed a third complaint with OSBN on Coffey dated 12-27-17, true to protecting her license cover up they denied my complaint on 1-9-2018. I will file an appeal but I can assure you it will be dropped. I did receive an appeal denied from the Oregon Department of Administrative Services dated 6-13-17 for McCrae and Magee's complaint. In this denial, they threatened, "If you choose to pursue your claim, the Oregon Nursing Board is prepared to proceed to litigation." Nice to know OSBN has taxpayer dollars paying for counsel to litigate for a dangerous department. The public needs to know OSBN would rather use their tax dollars to purchase counsel to defend the dangerous instead of using little money to clean out this poisoned department. This is a complete waste of taxpayers' money. See you in litigation.

39. Plaintiff has filed a grievance with the Oregon State Penitentiary Grievance Coordinator against Defendant Carrie Coffey for her continued attempts to cover up or conceal Defendant McCrae's wrongdoing. Defendant Coffey has intercepted two kytes that Plaintiff addressed to Nurse Hughes asking in OSBN has contacted Nurse Hughes with regard to the complaints Plaintiff has filed with OSBN. Defendant Coffey has declared these kytes as inappropriate and gave Plaintiff an order not to make similar attempts to communicate with nursing staff in the future. In attempting to communicate with Nurse Hughes Plaintiff was doing nothing more than attempting to follow up on his legitimate complaints about the abuse he suffered at the hands of Defendant McCrae. Moreover, Plaintiff is required by ODOC rule to document and prove any grievance complaints he may make against ODOC employees. Plaintiff also must document and prove the factual basis for his complaints to OSBN. Plaintiff is allowed by ODOC rule to communicate with ODOC staff via the established ODOC inmate

communication forms which Plaintiff always uses. OAR 291-109-0120. OAR 291-109-0120(4) states that staff should make every effort to respond to an inmate communication form within seven days of receipt. It does not say that other staff should intervene in the communications. However, Defendant Coffey has continued to intervene and did not allow this process to proceed. Instead, Defendant Coffey directly ordered Plaintiff not to communicate with staff, thereby violating the aforementioned rule, for Plaintiff's legitimate efforts to have his medical records updated accurately. Defendant Coffey is also tampering with witnesses to the actions of Defendant McCrae by subverting the communications between Plaintiff and the witnesses. (*See* Attachment 9 – Grievance No. OSP-2017-04-057.)

40. The grievance process on Carrie Coffey is exhausted, but true to their continuing attempts of covering up the abuse three years after the fact, Brendan Magee has responded to the grievance addressed to Coffey. All of the other people Plaintiff has grieved have answered personally as they should, except Carrie Coffey. Magee responds to Coffey's grievance as a cover-up tactic. Coffey has Magee answer so they can assist each other in covering up abuse, distancing themselves from being held personally accountable. That is why we have the grievance process to begin with. But when Plaintiff tried to file his first appeal to Coffey's grievance, Plaintiff mentioned Magee because he is the respondent, the hearings officer claims Plaintiff is expanding the scope of the grievance by adding Magee. Plaintiff explained that he was not expanding the scope, rather Magee's response to Coffey's grievance is expanding the scope, after numerous attempts to bring the facts forward, Plaintiff was forced to whittle down his grievance facts. *See* Grievance # OSP 2017-04-057, disputed kyles attached, Plaintiff's communications explaining Coffey and Magee's years of combined efforts of continuing to cover up the abuse still three years later with the grievance coordinator at OSP, A. Kidwell, 71 pages. These nurses



are actively protecting their records from negative complaints rather than protecting Plaintiff's safety and the public's safety. These are dangerous policies, procedures that resulted in reinjury of Plaintiff by McCrae, Magee, and Coffey. These policies, procedures need immediate correction, as they provide these defendants with a protected license to kill or harm others due to their medical field professions under the watch of OSBN, the Governor, and ODOC Medical Directors, and they do not have to answer to anyone, which is why McCrae felt emboldened to make those menacing faces, raising and waving her arms above her head to Plaintiff through the window; they have been protecting her license all of these years so why not cause harm to everyone. This is a sad department that needs to fire every staff member of OSBN. Because they flat out refuse to respond to Plaintiff's or anyone else's legitimate complaints, Plaintiff asked his family and friends to view, investigate, or research OSBN's web page, which is public information. Amazingly, every one of OSBN's licensed staff have a perfect record thanks to OSBN's determination to keep it perfect. Plaintiff's personal health and safety are currently at risk because of OSBN's dangerous, unsafe practices and policies that it refuses to change.

## VIII

### DEFENDANTS' CULPABILITY

41. Each Defendant was aware of Plaintiff's Eighth Amendment right to be free from cruel and unusual punishment, that he was entitled to work in a safe environment, and that he was entitled to proper medical care for his injuries. These rights were violated when Plaintiff was forced to work under unsafe conditions, when Plaintiff was provided improper medical care, and when Plaintiff's complaints were ignored. Each of the defendants were deliberately indifferent to Plaintiff's serious pain and suffering. Defendants not only knew of this risk of substantial harm but operated to develop and promote this risk of substantial harm and then



failed to take reasonable measures to abate it. Plaintiff did, as a direct and proximate result of Defendants behavior, incur substantial harm both physical and mental. Defendants both created conditions that posed a serious threat to Plaintiff's safety, and demonstrated deliberate indifference to that threat, in violation of Plaintiff's Eighth Amendment right to be free from cruel and unusual punishment. *See Farmer v. Brennan*, 511 U.S. 825, 834, 114 S. Ct. 1970, 128 L. Ed. 2d 811 (1994). Defendants perform medical procedures without proper medical training. Defendants knowingly and willingly protect their records at any cost from showing their wrongdoing, forcing Plaintiff, other similarly situated inmates, and the public to be subjected to dangerous, unsafe policies and procedures.

42. ODOC was directly aware of the unsafe conditions and of plaintiff's injuries, but no one took action to provide Plaintiff any relief. ODOC was made aware by virtue of grievances filed by Plaintiff and notified directly by his Notice of Intent to Sue.

43. Collette Peters, the ODOC Director was aware by virtue of grievances filed by Plaintiff and by his Notice of Intent to Sue.

44. Jeff Premo, OSP Superintendent, was aware by virtue of grievances filed by Plaintiff and by his Notice of Intent to Sue. Jeff Premo established the policy followed by Defendants Davis and Ridderbusch of not providing all inmates working in Food Services with work boots sufficient to protect them from injuries such as those sustained by Plaintiff.

45. Carrie Coffey, the OSP Health Services Manager, was aware by virtue of grievances filed by Plaintiff and by his Notice of Intent to Sue.

46. Julie McCrae, a treating nurse for OSP, was aware of the injuries caused to Plaintiff because she is the one who caused the injuries. She was further made aware by virtue of grievances filed against her. Her actions in ripping the bandage from Plaintiff's wound constitute

the unnecessary and wanton infliction of pain which is cruel and unusual punishment forbidden by the Federal Constitution's Eighth Amendment. *See Estelle v. Gamble*, 429 U.S. 97, 104, 97 S. Ct. 285, 50 L. Ed. 2d 251 (1976).

47. Brenden Magee, the OSP Nurse Manager, was aware of the injuries caused to Plaintiff because he was the one who answered kytes and other communications in an attempt to cover up the injuries incurred by Plaintiff at the hands of one of his nurses. Plaintiff filed a grievance against Defendant Magee on the issues alleged in this Complaint.

48. Keith Davis, OSP Food Services Manager, was aware of the dangerous conditions in the area under his supervision because Plaintiff advised him of the danger prior to his injury. Keith Davis followed and enforced the policy of not providing all inmates working in Food Services with work boots sufficient to protect them from injuries such as those sustained by Plaintiff. Plaintiff filed a grievance against Defendant Davis on the issues alleged in this Complaint.

49. Richard Ridderbusch, OSP Assistant Food Services Manager, was aware of the dangerous condition in the area under his supervision because Plaintiff advised him of the danger prior to his injury. Richard Ridderbusch followed and enforced the policy of not providing all inmates working in Food Services with work boots sufficient to protect them from injuries such as those sustained by Plaintiff. Plaintiff filed a grievance against Defendant Ridderbusch on the issues alleged in this Complaint.

## IX

### INJURY INFLICTED

50. As a result of the Defendants' knowing actions and inactions, as set forth above, Plaintiff suffered the following injuries:

51. Each Defendant was aware of Plaintiff's Eighth Amendment right to be free from cruel and unusual punishment for denying him humane conditions of confinement. These rights were violated where Plaintiff was, and continues to be, as a condition of his confinement, facing substantial risk of serious harm. Defendants not only knew of this risk of substantial harm but operated to develop and promote this risk of substantial harm and then failed to make reasonable measures to abate it. Plaintiff did, as a direct and proximate result of Defendants behavior, incur substantial harm both physical and mental. The Eighth Amendment right to be free from cruel and unusual punishment include the right that plaintiff not be placed in dangerous working conditions and that he not be treated with deliberate indifference to his serious medical needs claim. Plaintiff was also a victim of OSBN's dangerous policies, procedures of covering up the abuse so no one knows of her medical abuse records, neglect from the Governor, Medical Director, OSBN, McCrae, Magee, and Coffey's lack of Plaintiff's personal safety resulting in personal injury, pain and suffering.

52. As a direct consequence of defendants' combined actions, Plaintiff's feet were badly burned and then re-injured by Nurse McCrae. Action by other officials after the fact were designed to cover up the wrongdoing that caused plaintiff's injuries.

X

#### PENDANT /SUPPLEMENTAL JURISDICTION STATE COURT TORT CLAIMS

#### INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS

53. As direct and proximate result of the facts and acts set forth above, the several Defendants committed intentional infliction of emotional distress upon Plaintiff in that, by way of their intentional acts they intended to inflict severe emotional distress upon Plaintiff; they did, in fact, cause Plaintiff to suffer severe emotional distress; and their intentional acts comprised

extraordinary transgressions of the bounds of socially tolerable conduct. *Bollaert v. Witte*, 101 Or App 654, 792 P2d 465, 466 (1990).

## XI

### NEGLIGENCE

54. As a proximate result of the facts and acts set forth above, the several Defendants negligently caused damage to Plaintiff's foot through their combined indifference to his medical needs, his requests for further and additional care, his requests for a safe working environment, and their attempts to cover up the harmful actions of others. OSBN also neglected to protect Plaintiff from harm, resulting in personal injury, pain and suffering.

## XII

### MEDICAL MALPRACTICE

55. As a direct and proximate result of the facts and acts set forth above, defendant McCrae has engaged in medical malpractice for the injury she caused to plaintiff's burn wounds and by defendants Brenden Magee, Carrie Coffee, OSBN, and Roberta Poole for their efforts to cover up Nurse McCrae's wrongdoing and OSBN's and Roberta Poole's refusal to accept Plaintiff's complaints, allowing Nurse McCrae to injure others in the future.

## XIII

### ASSAULT AND BATTERY

56. A claim of assault and battery is alleged against defendant Nurse McCrae for her deliberate act of ripping bandages from Plaintiff's foot for vindictive and sadistic reasons. A claim of assault and battery is also alleged against defendants ODOC, Collette Peters, Jeff Premo, OSBN, Roberta Poole, Carrie Coffey, and Nurse Manager Brenden Magee based on an

assertion that they were each aware of the actions of those in their employ or under their authority and did nothing to correct those actions, or personally took action to cover up the actions of those in their employ or under their authority. Each of these defendants were advised of Nurse McCrae's actions and sanctioned her behavior by failing to take remedial action, or by acting to cover up her actions.

#### XIV

##### STRICT LIABILITY

57. A claim of strict liability is alleged against defendants ODOC, Collette Peters, Jeff Premo, and Brandon Kelly based on the harm caused by the unsafe working conditions in the OSP Food Services Section and the deliberate indifference shown by Managers Davis and Ridderbusch, and by Nurses McCrae, Magee, and Coffey, by OSBN, and by Roberta Poole.

#### XV

##### DUE PROCESS

58. As a prisoner Plaintiff has a protected liberty interest under the Due Process Clause of the 14<sup>th</sup> Amendment to the United States Constitution to safe conditions of confinement and to adequate medical care while in the state's custody. Defendants' combined actions deprived Plaintiff of this right.

#### XVI

59. It is clear from the facts of this case that Plaintiff was working in an unsafe environment controlled by Defendants ODOC *et al.* It is known that Plaintiff directly notified defendants Davis and Ridderbusch of the dangerous conditions prior to being injured. It is known that Plaintiff's feet were seriously burned as a result of defendants Davis' and Ridderbusch's deliberate indifference and negligence. It is known that Plaintiff was being

adequately treated for his burns until he was further injured by Nurse McCrae. It is known that Nurse Magee deliberately attempted to cover up the wrongdoing of Nurse McCrae and that he falsely issued a disciplinary report in his efforts to conceal and cover up such wrongdoing. It is known that that Nurse Manager Coffey deliberately attempted to conceal and cover up the wrongdoing of Nurse McCrae when Coffey declared Plaintiff's legitimate attempts to communicate with staff under her supervision as inappropriate and tampered with witnesses in her efforts to conceal such wrongdoing. It is known that OSBN and Roberta Poole have denied Plaintiff's legitimate complaints about the unprofessional, unethical, and abusive actions of Nurse McCrae (who falls under their authority) in causing Plaintiff injury and attempting to conceal and cover up such wrongdoing. It is also known OSBN and Roberta Poole have denied Plaintiff's legitimate complaints as a means of keeping their licensees' history records clean of wrongdoing so they continue to injure others under OSBN's protection. This is a dangerous policy, procedure for the safety of Plaintiff and the public. On the basis of strict liability on the part of the defendants, because it is more probable than not that the defendants' deliberate or negligent actions caused Plaintiff to suffer serious burns, and defendant McCrae's actions constitute medical malpractice, and intentional infliction of physical injury and emotional distress, and defendant Magee's attempts to cover up defendant McCrae's wrongdoing has already been determined by the penitentiary's hearings officer to have been indefensible, these matters are established inferentially.

60. Oregon State nurses are bound by license guidelines, oaths, they must provide the utmost care of their patients, provide the highest standard of care in a safe environment. (OAR 851-045-0030 through -0100.) All of the Defendants are bound to the same guidelines, oaths, through promissory notes they signed and they failed to follow these safety guidelines, and/or

correct their failures violating Plaintiff's right to safe care. This too is a breach of contract when the Defendants failed to abide by this promissory note, oath.

61. The combined Defendants are actively, knowingly, and willingly allowing these dangerous, unsafe policies and practices to continue not only at OSP, but throughout the ODOC as well as in the community, promoting personal injuries and even death, because they have a license issued and protected to work in the medical field, have the protected capability to injure and kill with impunity, and have been doing this for years. They do not have the will or desire to change, so Plaintiff's personal safety is currently in danger, as are the personal safety of Plaintiff's family, friends, children, and grandchildren because OSBN's policies are statewide. These are alarming facts that everyone needs to be notified of, including the public which Plaintiff will rejoin this year. No one can ever make an educated choice of medical treatment plans because they are being misled by the falsified records that are published on the web sites.

## XVII

62. Plaintiff has filed Tort Claim Notices with the Oregon Department of Administrative Services (ODAS) pursuant to the provisions of Oregon Revised Statute 30.275 notifying ODAS of the complaints described in this Complaint. ODAS has responded that the State of Oregon will not provide Plaintiff with any relief for these complaints. (See Attachments 11-13.)

63. Plaintiff addressed a letter to the Marion County District Attorney dated 3-28-17 requesting that the DA's office investigate the facts that are the subject of this Complaint. The Marion County District Attorney replied that Plaintiff's complaint had been referred to the Oregon State Police. (See Attachment 14.) Plaintiff has not been contacted by the Oregon State Police.

XVIII

RELIEF REQUESTED

Plaintiff requests the following relief:

64. Compensatory damages in the amount of \$1,000,000.00 for the damage to Plaintiff's feet.

65. Compensatory damages in the amount of \$1,000,000.00 for the re-injury to Plaintiff's foot.

66. Damages of \$1,000,000.00 for the intentional infliction of emotional distress.

67. Punitive damages of \$1,000,000.00 for defendants' deliberate indifference.

68. Damages of \$4,000,000.00 for the suffering caused by OSBN's dangerous policies, procedures.

69. Award of all costs incurred including filing fees, court costs, attorney and expert witness fees where incurred, and other incidental costs.

70. Granting of such further relief as the court might deem necessary and prudent.

XIX

71. Plaintiff reserves the right, with the court's leave, to amend this Complaint to specifications approved by the court's order.



XX

DECLARATION

STATE OF OREGON            )  
                                      ) ss  
County of Marion            )

Plaintiff, upon being sworn under penalty of perjury, does swear that all of the preceding facts set forth in paragraphs 1 through 71 inclusive in the above complaint are true and correct and are a product of Plaintiff's personal knowledge

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

---

Dennis Gines; Plaintiff, *pro se*

## Plaintiff's Attachments Index

Page i

Attachment 1 – OSP Inmate Injury Report

Attachment 2 – Grievance No. OSP-2015-06-052

Attachment 3 – Grievance No. OSP-2015-07-016

Attachment 4 – Grievance No. OSP-2015-07-067

Attachment 5 – Block Sergeant's Pass

Attachment 6 – Full Record of Correspondence with OSBN

Attachment 7 – Letter to Boards & Commissions

Attachment 8 – Letter to Governor

Attachment 9 – Grievance No. OSP-2017-04-057

Attachment 10 – Misconduct Report with disputed kytes attached

Attachments 11-13 – Tort Claim Notice Responses

Attachment 14 – Marion County District Attorney's Response

Attachment 15 – Kyte to Olachea

Attachment 16 – Kyte to Hughes

Attachment 17 - 2nd Kyte to Olachea

Attachment 18 - 2nd Kyte to Hughes <sup>2nd</sup> Kyte To Hughes was 1 combined Kyte To

Attachment 19 – Kyte to McCrae

Olachea

Attachment 20 – Kyte to Coffey

Attachment 21 2<sup>nd</sup> Grievance on Coffey Denied

Attachment 22 Grievance on Magee Denied

08/01/02

Oregon State Penitentiary  
Inmate Injury Report

## Important:

Did injury occur on an Inmate  
Work Program work assignment?YES ☐ If you answered yes to  
both questions, complete  
this form immediately ANDNO ☒ If you answered no to either  
question, complete only  
this form, items 1 through 8,  
and forward to the  
Safety ManagerDid injury require medical treatment  
more than First Aid?YES ☐ advise the Safety ManagerNO ☐

## INMATE'S REPORT OF INJURY INCIDENT

1) Please Print Full Name:	Last <u>GINES</u>	First <u>Dennis</u>	Initial	Institution Number: <u>12019691</u>	2) Date of Injury <u>5-30-15</u>	3) Time: <u>6:00am</u>
4) Where Injury Occurred: <u>Kitchen Kettles</u>				5) Name of Closest Staff or Work Supervisor: <u>Coordinator Mueller</u>		
6) Injury reported to Corrections Staff: (give name) <u>Coordinator Mueller</u>						
7) Describe accident in detail. What were you doing when injured? Did you fall? Were you struck - If so, by what or whom? Were you lifting, pulling, pushing, carrying, climbing up or down, playing? <u>walking through kitchen NO horse play inmates were using hot water from steam kettles to scrub floors. Water was a splash on floor and got on inmate Gines feet. water was very hot.</u>						
8) What body part was injured? <u>Both feet</u>						
9) Have you every had this type of injury before? (if so, when/where?) <u>NO</u>						
10) Inmate's Signature: <u>Dennis G.</u>				11) Date Signed <u>5-30-15</u>		

## CORRECTIONS STAFF OR WORK SUPERVISOR'S REPORT

Corrections Staff or Work Supervisor's Name: <u>Mueller</u>	Title: <u>Good coordinator</u>
Date you first knew of injury: <u>5/30/15</u>	Can you verify injury? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injury self inflicted? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, explain:
Corrections Staff or Work Supervisor's Signature: <u>Mueller</u>	Date Signed: <u>5/30/15</u>

## HEALTH SERVICES CLINIC STAFF/NURSE REPORT

Date inmate delivered form:	Inmate refused treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmate received the following treatment: FIRST AID ONLY <input type="checkbox"/> or:	
Part of body affected:	
Nature of injury:	
Clinic Staff or RN Signature:	Date Signed:

Upon completion of this form by all parties, forward to OSP Safety Manager.

Attachment 1

Page 2

## Oregon State Penitentiary Inmate Injury Report

**Important:**Did injury occur on an Inmate  
Work Program work assignment?YES ☒If you answered yes to  
both questions, complete  
this form immediately ANDNO ☐If you answered no to either  
question, complete only  
this form, Items 1 through 8,  
and forward to the  
Safety ManagerDid injury require medical treatment  
more than First Aid?YES ☒

advise the Safety Manager

NO ☐

### INMATE'S REPORT OF INJURY INCIDENT

1) Please Print Full Name:	Last <b>GINES</b>	First <b>PENNIS</b>	Initial <b>L.</b>	Institution Number: <b>12019691</b>	2) Date of Injury: <b>5-30-15</b>	3) Time: <b>prox 5:30 AM</b>
4) Where Injury Occurred: <b>Kitchen</b>			5) Name of Closest Staff or Work Supervisor: <b>LT. Brian Cohade</b>			
6) Injury reported to Corrections Staff: (give name) <b>Not sure of his name. He called Medical for me</b>						
7) Describe accident in detail. What were you doing when injured? Did you fall? Were you struck - if so, by what or whom? Were you lifting, pulling, pushing, carrying, climbing up or down, playing? <b>After eating chow in the chowhall, I returned to work using the Kitchen back door and as I walked in front of the grill, boiling water came out from under the grill and filled both of my shoes, instantly burning my feet. It seemed to keep coming as I stepped back. Another inmate was taking five gallon buckets of boiling water from the steam cattles to clean the floors. He did not see me.</b>						
8) What body part was injured? <b>Right Hand</b>						
9) Have you ever had this type of injury before? If so, when/where? <b>Left foot &amp; Right foot</b>						
10) Inmate's Signature: <b>Dennis Gines</b>						
11) Date Signed: <b>6-29-15</b>						

### CORRECTIONS STAFF OR WORK SUPERVISOR'S REPORT

Corrections Staff or Work Supervisor's Name:		Title:
Date you first knew of injury:	Can you verify injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injury self inflicted?	If yes, explain:	
Corrections Staff or Work Supervisor's Signature:	Date Signed:	

### HEALTH SERVICES CLINIC STAFF/NURSE REPORT

Date inmate delivered form: <b>7/1/15</b>	Inmate refused treatment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate received the following treatment: <b>FIRST AID ONLY</b> or:		
<b>First aid and daily dressing changes to both feet for burn wound</b>		
Part of body affected: <b>Both feet</b>		
Nature of injury: <b>Water Burn</b>		
Clinic Staff or RN Signature: <b>mcrae</b>	Date Signed: <b>7/1/15</b>	

Upon completion of this form by all parties, forward to OSP Safety Manager.

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

Page 3

TO: Medical Date: 5-6-17State your issue in detail: Can I please get copies of my medical treatment for burns I sustained from:

Progress Report  
Chart Reviews  
Physitians Orders  
from date 5-30-15  
to date 6-30-15

thank you! Dennis Gines!

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

C-212-B

Response/Action Taken:

Phys orders not needed  
prog notes given

Triaged  
 Date: 5/8/17  
 Initials: MM

Date Received:

Referred To\*:

Date Answered: 5-12-17Signature of Staff Member: [Signature]

\*If forwarded, please notify the inmate

Oregon Department of Corrections

Page 4

## Progress Notes

DATE TIME PROB.#

6/7/15 1800 Sick Drsg. Δ done on (L) Foot. Burn/wound is healing nicely. No drainage noted. Cleaned site T SC, Applied thin layer of Silver Sulfadiazine on the burn + 1 4x4 gauze, Stretch gauze + Coban appli. Pt. tolerated well. W. Highest

6/8/15 1810 Sick Drsg Δ done to (L) top Foot. Burn/wound Cleaned T SC, Applied thin layer of Silver Sulfadiazine on the burn + 1 4x4 gauze, Stretch gauze and Coban, Pt. tolerated well. W. Highest

Allergy \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME: Gines, Dennis  
 SID # 12019641  
 DOB: \_\_\_\_\_

Oregon Department of Corrections

## Progress Notes

Page 5

DATE TIME PROB.#

6/14/15	1400	Sick	<p>② foot burn/wound dressing Δ done. Wound healing nicely, wound bed pink, cleaned site w/ SC, Silver Sulfadiazine applied 4x4 gauze applied, stretch gauze and Cobans wrapped around foot. Pt tolerated well. ————— W. Hylstrom</p>
6/15/15	1450	Sick	<p>② foot Burn/wound dressing Δ done. NO drainage noted, wound bed is pink &amp; seems to be healing well, cleaned site w/ SC, Silver Sulfadiazine applied, 4x4 gauze, stretch gauze and Cobans applied, Pt. tolerated well. ————— W. Hylstrom</p>
6/16/15	1500	SC	<p>② foot burn dressing Δed. No drainage nor blistering or open skin present. affected area red &amp; blanching &lt; 3 sec. still "tender" to palpation/touch. Wound cleansed w/ IsoPrene, silveradone applied in very thin layer, gauze &amp; med. wrap for hold. Pt. ed. provided reassurance that wound is well healed. will cont. lay-in &amp; med. showers X 2 more days. Pt. states he understands Pt. ed provided &amp; current POC. Discharged from wound care today. L. Denson</p> <p>Addendum - skin integrity impairment r/t burn wound, L. Denson</p>
6/23/15	1400	Clinic	<p>T 98.0, HR 86, SpO2 98%, BP 140/81 ————— J. McCree</p> <p>5 fu burn - well healed</p> <p>has developed tinea pedis</p> <p>but after 2 wks</p> <p>recurrence without discharge for 2 yrs</p> <p>4 wks without recurrence &amp; story repeat</p> <p>A <del>recurrence</del> tinea pedis</p> <p>without</p> <p>1 lotion</p> <p>cherry</p>

Allergy

GINES, DENNIS  
12019691  
04/27/1969



## Progress Notes

DATE TIME PROB.#

6/2/15	810	Clinic	BP 128/70, P-71, T-98.5, O <sub>2</sub> Sat 98%, wt. 218 5
			2nd degree burn abrasion both feet.
			large 2nd burn abrasion lat aspect foot - clean burn
		A	2nd burn
			continue same
6/3/15	1830	SLC	Drsg A done per order. Area healing nicely. O/S/SX 9 injection. Area cleaned + dry clens. Silver Sulfadiazine applied and covered to 4x4, stretch bandage on Coban pt to RTC BID. WCTM
6/4/15	1015	Clinic	Pt. cancelled, Already seen on 6/2/15.
6/6/15	1830	SLC	Drsg A done. No S/SX of infection. Cleans site to SC, Silver sulfadiazine applied and covered to 4x4, stretch bandage + Coban applied. Pt. tolerated well, Burn appears to be healing nicely. — W. H. by DW
6/11/15		Kyte	BEQ to see Dr. Hanan re: BLE burns - still having pain - req continuation of tx. Sched. to Dr. Hanan - Morning

Allergy \_\_\_\_\_

GINES, DENNIS  
12019691  
04/27/1969



Oregon Department of Corrections

## Progress Notes

Page 7

DATE TIME PROB.#

5-30-15	0620	Unsch	<p>S: I poured boiling water on both my feet at the kitchen (work).</p> <p>O: Both feet reddened on top (L) foot distal side - 1 large collapsed blister @ 35% of foot = @ 1% total surface area. No other blistering -</p> <p>a) alt skin integrity / risk for infection / alt in comfort alt in ADLs</p> <p>P: Cold water soak x 15 min (pt states relief - soak) Burns level one protocol - Recommend analgesic available @ housing unit, sick call for DRSg US &amp; eval daily medical lay in until 6-1-15 (ic asses need at S/C drsg &amp; 6-1-15 / Provider appt 6-1-15 0800 - monitor for infection daily @ S/C drsg &amp; cont to monitor &amp; tx per poc pt verbalizes understand and agree - poc ~~~~~ 4/11/15</p>
5/30	1824	Sick	<p>S - Pt. got boiling water poured on feet</p> <p>O - (L) Foot has a 1/2 dollar size blister on the top, <sup>proximal</sup> distal side. No other blistering noted, redness still around the blister + side of foot. Pt. did not want anything done to (R) foot pt. stated their were 3 small blisters but are gone now, I saw 3 small circular spots on (R) foot.</p> <p>A - A lteration in skin integrity / risk for infection</p> <p>P - Cleaned site - S/C, thin layer of Silvadene cream applied, 4x4 gauze applied - stretch Bandage. W. Hylas PN</p>

Allergy \_\_\_\_\_

GINES, DENNIS  
12019691  
04-27-69



*Accident Grievance is exhausted*

# Oregon

Kate Brown, Governor

## Department of Corrections

Operations Division  
2575 Center Street NE  
Salem, OR 97301-4667  
Voice: 503-945-0950  
Fax: 503-945-7178



August 24, 2015

Dennis Gines #12019691  
Oregon State Penitentiary  
2605 State Street  
Salem, OR 97310

RE: Grievance Appeal #OSP\_2015\_06\_052AA

Dear Mr. Gines:

This is in response to the above referenced grievance regarding boots for all food service inmate workers.

A review of your grievance concludes Mr. Premo's response to you was appropriate. It is unfortunate you were injured while working in the kitchen. However, as Mr. Premo pointed out, the staff at the facility has reviewed which work assignments in Culinary need boots issues to the workers. Your assignment was not identified as needing boots to work. If you wish to have boots, you do have the ability to purchase them through the commissary.

At this time boots will not be issued to all food services inmate workers.

I consider this grievance closed.

Sincerely,

*for* Michael F. Gower  
Assistant Director, Operations Division

MG:be

cc: M. Yoder, Asst. Supt. of General Services  
J. Lawson, OSP Grievance Coordinator  
File

Attachment 2  
Page 1

Second appeal

Grievance # OSP-2015-06-052A  
Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINGS DENNIS L. 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I want to file a second appeal to your response to my grievance appeal # OSP-2015-06-052A in which you state, "The institution has developed a list of inmate work assignments that require boots to be issued. General foodservice inmate workers are not on that list and do not receive boots." It is unfortunate that you were injured in this incident, but I believe it is an isolated case which does not warrant changing our current process. You also state, "We have reviewed the issue in general with our Department Safety Manager and our institution Safety Committee Co-Chair of issuing boots to foodservice workers." Based on the lack of reported incidents, issuing boots to all foodservice inmate workers is not warranted! Well, I disagree with this current process. Yes I was badly injured and this could have been prevented and should have been prevented from happening to me and others working in the kitchen with no protective gear like workboots! So please reconsider this rule to include all kitchen workers. My injuries are so bad, I can't even lace my shoes tight because it rubs on the side of feet, causing me pain when I walk.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I could only be so safe at work, can't control someone else's lack of safety for others. Please issue safety workboots to all kitchen workers!

Thank You - Sincerely!

B-4-15  
Date

Dennis Gings  
Inmate Signature

Distribution:  
Green (Original grievance appeal form)  
Yellow (Grievance file copy)  
Blue (Inmate receipt after processed)  
Pink (Inmate copy)

Receiving Facility  
(if not processing facility)

Received at Processing Facility

Attachment 2  
Page 2

Date Stamp

015

INATOR

Received on 7-31-15



**STATE OF OREGON  
DEPARTMENT OF CORRECTIONS  
Oregon State Penitentiary**

**INTEROFFICE MEMO**

**DATE:** July 28, 2015

**TO:** Gines, Dennis, SID #12019691  
Oregon State Penitentiary

**FROM:** Jeff Preimo, Superintendent  
Oregon State Penitentiary

**SUBJECT:** Grievance Appeal OSP\_2015\_06\_052A

This is in response to the above referenced grievance appeal regarding boots for all Foodservice inmate workers.

The institution has developed a list of inmate work assignments that require boots to be issued. General Foodservice inmate workers are not on that list and do not receive boots. It is unfortunate that you were injured in this incident, but I believe it is an isolated case which does not warrant changing our current process.

We have reviewed the issue in general with our Department Safety Manager and our Institution Safety Committee Co-chair of issuing boots to Foodservice workers. Based on the lack of reported incidents, issuing boots to all Foodservice inmate workers is not warranted.

I consider this matter resolved.

JP/my

cc: M. Yoder, Asst. Superintendent General Services  
K. Davis, Foodservice Manager  
File

**NOTED**  
JUL 29 2015  
GRIEVANCE COORDINATOR

Attachment 2  
Page 3

Grievance # OSP-2015-06-052A  
Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-11  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

In appealing your grievance response dated 6-30-15 in ~~which~~ response to my grievance # OSP-2015-06-052. In which you state: "I do not have the authority to issue boats to all inmates". The clothing room (group living contracts who gets boats and who does not". "I only allowed to sign for inmates who are on the cart crew or work on the back dock". For starters - you do have the authority to issue boats to everyone working the kitchen. You and Kitchen Manager are responsible for everyone's safety and need to change the rules as it's mandated! Second, the clothing room (group living are working under you, Kitchen Mgr. Davis' rules and you save a boat tactics need to be changed. You need to be more responsible for our safety! You claim you are only allowed to sign for cart crew / back dock workers. You failed to mention the badman you sign for. 3/4 of the kitchen crew have boats issued, I was the 1/4 not allowed workboats because of my position, was badly burned on both feet as another inmate poured five gallon bucket of boiling water on my feet, can't

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page Page 1 of 2

original date of submission

7-14-15

Date

Dennis Gines  
Inmate Signature

today's date  
7-17-15

Attachment 2  
Page 4

Distribution:

Green (Original grievance appeal form)

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JUL 20 2015  
GRIEVANCE COORDINATOR

Date Stamp

Date Stamp

For grievance appeal instructions see back page



Grievance # OSP-2015-06-082A  
Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

ants as he cleaned the floor. There was nothing I could do to prevent this accident except request workboots from you. Your denial of workboots to me put me directly in harms way, as a result, I went through 20 days of unnecessary pain and suffering and scared an both feet for life. This was and should have been prevented from happen and others working in the Kitchen without proper safety workboots. Change the same a luck mentality to save our feet, mandate boots in Kitchen areas. Your neglect has caused me unnecessary pain and suffering and scaring for life!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?) P. 2 of 2

Everyone in Kitchen area is in danger of someone elses lack of safety for others, Pair of safety boots should be mandated to everyone, not just leadman. All other prisons issue workboots to all workers. Period!  
original date of submission

7-14-15

Date

Dennis Gines  
Inmate Signature

today's date 7-17-15 Attachment 2  
Page 5

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GRIEVANCE COORDINATOR

GRIEVANCE RESPONSE FORM

TO BE FILLED OUT BY STAFF

Grievance # OSP-2015-06-052

TO: Dennis Gines 12019691  
Inmate Name SID #  
FROM: Richard Ridderbusch  
Staff Member

1. List, in detail, action(s) taken. (What action was taken? Was the action what the inmate requested? If not, why? Who took the action? When was the action taken – date/time?)

I do not have the authority to issue boots to all inmates. The Clothing Room (Group Living ) controls who gets boots and who does not. I am only allowed to sign for inmates who are on the cart crew or work on the back dock.

Do Not Type Past This Line

Date: 6/30/15

[Signature]  
Signature of Staff Member

[Signature]  
Signature of Supervisor (Print/Sign)

Sent from processing facility

**NOTED**

JUL 08 2015

GRIEVANCE COORDINATOR

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Sent to inmate from current facility (if not processing facility)

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Attachment 2  
Page 6

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Accident

Grievance # OSP. 2015-06-052  
Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☒ The lack of an administrative directive or operational procedure
- ☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- ☒ Any oversight or error affecting an inmate
- ☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- ☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- ☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 5-30-15 Apr. 5:30 AM.

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

On 5-30-15 while working my shift in the kitchen, it was my turn to eat in the chowhall and as I returned to the kitchen through the back door, I walked in front of the grill as another inmate was taking five gallon buckets of boiling water from the steam Kettles to clean the floors with. He was throwing the water under the counters to clean and he did not see me there on the other side. The boiling water came from under the counter, filling both of my shoes instantly. It went through the material on my tennis shoes burning both of my feet badly. I did ask Mr. Ritterbusch for workboots, it was denied said, "I was not a leadman and not eligible!"

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Everyone in the Kitchen area is in danger of someone else's lack of safety for others, a pair of "Safety workboots" should be issued to everyone, not just leadman. Thank You!

6-16-15

Date

Dennis Gines

Inmate Signature

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GRIEVANCE COORDINATOR  
Date Stamp

For grievance information see back page



*McCrae exhausted**Received on = 10-3-15*

# Oregon

Kate Brown, Governor

**Department of Corrections**

Health Services  
 2575 Center St. NE  
 Salem, OR 97301-4667  
 (503) 378-5593  
 Fax (503) 378-5597



October 1, 2015

Dennis Gines, SID #12019691  
 Oregon State Penitentiary  
 2605 State St.  
 Salem, OR 97310

RE: Grievance Appeal OSP-2015-07-016AA

Dear Mr. Gines:

This letter is written to you in response to the grievance appeal referenced above concerning your disagreement with the medical care Nurse McCrae provided you on June 10, 2015.

It is noted you disagree with the care provided to you by Nurse McCrae during your dressing change and feel her actions during your dressing change were retaliatory. As Dr. Shelton stated, "It is unfortunate that the wound was irritated and continued to hurt during the dressing change; however, this does not indicate that there was intentional mistreatment. I do not find any documentation to substantiate your claims that Nurse McCrae caused you further injury or harm in her care of your wounds."

Nurse McCrae was correct in ensuring your scheduled appointment coincided with the OSP scheduling grid. As previously indicated in response to your grievance, OSP Medical Services does not schedule *routine* sick call appointments after 3:30 pm due to operational needs.

Although you disagree with the medical care you were provided by Nurse McCrae, your dissatisfaction with Nurse McCrae does not constitute mistreatment. The medical care you were provided was sound and appropriate.

The Oregon Department of Corrections Health Services will continue to provide for your health care needs throughout the duration of your incarceration.

Sincerely,

J. DaFoe, RN, MSN, MHA  
 Health Services Administrator

**NOTED**

OCT 02 2015

**GRIEVANCE COORDINATOR**

CC: J. Lawson, Grievance Coordinator, OSP  
 C. Coffey, RN, Medical Services Manager, OSP  
 File

*Attachment 3**Page 1*

Second Appeal McChae

pg 1 of 6

Grievance # OSP-2015-07-016A  
Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I want to appeal your response to my grievance # OSP-2015-07-016A in which you state: While I understand that your perception is that nurse McChae was "mad" at you; in her response she has identified that this was not the case. "Yes" my perception is that nurse McChae was mad at me for having my bandage treatment times changed against her "Personal wishes" after her change my treatment time Prior to the medical abuse and re-injury I received from you on 6-10-15! My perception is that your being mad led you to "get even" with me by manhandling my bandages, you intentionally pulled straight up on the cast even though I still had two layers around my foot! This is not just my perception, it is a fact!! you also state: She has also identified that this was not the case. So that I say you are a liar - Period and would you be willing to take a lie detector test to disprove my claim because I am more than willing to take a lie detector test because I have nothing to hide! I take offense to your calling me a liar too! I would pay for a lie detector test?? cont.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page!

9-11-15  
Date

Dennis Gines  
Inmate Signature

Attachment 3  
Page 2

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Date Stamp

Demand Appeal McCrae

Grievance # OSP-2015-07-016A  
Staff Use Only

pg 2 of 6

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

In your response you state: It is unfortunate that the wound was irritated and continued to hurt during the dressing change; however, this does not indicate that there was intentional mistreatment. I had 12 bandages changed up to that date of 6-10-15 and never once was my injuries irritated and I never had blood or discolor in my bandages until the next day's 6-11-15 bandage change, in which I anticipated blood and ask for two nurses to witness the only bloody bandage I had through my treatments as they unwrapped my old bandage. After all, they were my Primary nurses and knew I never had blood or discolor in my bandages! The presence of blood on 6-11-15 was directly related to the medical abuse I received from your deliberate act against me on 6-10-15! In your response you state: I do not find any documentation to substantiate your claims that nurse McCrae caused you further injury or harm in her care of your wounds. The day you physically assaulted me while manhandling my bandages and ripping my skin from my existing wound, I was in shock -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cant,

Please see next Page!

9-11-15

Date

Dennis Gines

Inmate Signature

Attachment 3  
Page 3

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Date Stamp

Second Appeal Mc Case

Grievance # OSP 2015-07-016A

Pg. 3 of 6

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

and I could not believe what you had just done. I was also in Pain, ready to get away from you so you could not cause me anymore injury, I knew you were not going to log your medical abuse in my medical file so, I left. I suffered through the night from the unnecessary Pain you caused me. The next day during my treatment, I immediately explained that you tore my bandage, skin from my foot causing it to bleed and told nurse John I would need him and another nurse to be Present as my bandage was changed as witnesses to the bloody bandage I had on I also explained you did this because I had the time changed against your Personal wishes. He brought nurse Whitney in as a witness, I explained I have every intention of filing a medical claim against you for your abuse After witnessing the only bloody bandage I had throughout my treatment I knew my medical file had been misplaced for three days before so, I asked them to Please take a mental note of my injuries, delayed and to Please log it into my file as soon as its found so I can file a complaint.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont.

please see next Page!

9-11-15  
Date

Dennis Gines  
Inmate Signature

Attachment 3  
Page 4

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For grievance appeal instructions see back page

Second Appeal McGraw

Grievance # OSP 2015-07.016AA

Pg. 4 of 6

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

On you, they said they would as soon as they find my med. file! - Knowing I was going to file a complaint, knowing I needed them to log my bloody bandage in my med. file and too, my 30 day limit to grieve you was upon me so, I sent both nurse John, nurse Whitney two separate Kyles reminding them of my intentions to file a complaint on her and needing the blood logged into my med. file so I did have documentation to substantiate my facts of your abuse, to secure my legal options too. But, both of my Kyles I sent nurse John, nurse Whitney were deliberately intercepted by nurse manager Magee as a deliberate attempt to cover up the medical abuse I received from you! I sent a total of 4 Kyles to medical staff with my concerns, they were all intercepted by nurse manager Magee to shut me up about what you did to me! Nurse manager Magee went as far as to send me a misconduct report also known as a DR, or write up for bogus reasons, his bogus write up was immediately dropped against me. This is the extent nurse manager Magee went to cover up any documentations I had!!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont.

Please see next Page!

9-11-15  
Date

Dennis Gines  
Inmate Signature

Attachment 3  
Page 5

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**GRIEVANCE COORDINATOR**

Date Stamp

For grievance appeal instructions see back page



Second Appeal McCrae

Grievance # OSP 2015-07016A

Pg. 5 of 6

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINGS DENNIS L. 12019691 D-276-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I do have these Xytes in my possession, are available upon request! I did not ask them to do anything corrupt, I asked them to be honest and to please log this into my med. file. So, I did file a grievance on nurse manager Magee for his corrupt activities, for intercepting my documents and for not allowing me to establish documentation for legal actions. His grievance is Pending at this time! His actions are unprofessional! In your response you state: in regards to your concern with scheduling, Nurse McCrae is correct in "insisting" that you be scheduled at the appropriate times as per Policy. Insisting on the change is one thing but, you were so very rude. You do not have the right attitude to be working in a place of care because you do not care about anyone!!! If you did care, we would not be in this position now! You also state: I find that your original grievance was answered appropriately by nurse McCrae. Your dissatisfaction with nurse McCrae does not constitute mistreatment in your medical care. The medical care you have been provided is sound and appropriate.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cant.

please see next Page!

9-11-15  
Date

Dennis Gings  
Inmate Signature

Attachment 3  
Page 6

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GRIEVANCE COORDINATOR  
Date Stamp

For grievance appeal instructions see back page

Second appeal McGee

Grievance # OSP-2015-07-016A

pg. 6 of 6

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

For starters, my original grievance was not answered appropriately because you lied throughout your response and did not admit to your abuse! As far as my dissatisfaction not constituting mistreatment in my medical care, you tore skin intentionally from my wound over something so petty, this is clearly mistreatment and unnecessary abuse of me and your power. As far as my medical care provided me sound, appropriate care, I pray that I do not ever have to endure abuse this way ever! From my experience, you should not even be a nurse at all. Period!! What you did to me is very serious, unprofessional! To say the least! If you are being honest about your stand on this, would you be willing to take a Polygraph test? I know you want because you can't pass it! I would gladly take one!! Gladly!!! Why not just own up to what you did to me?

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

You intentionally tore flesh from my wound, you need to be terminated - Period! No second chance because of your bad attitude in life, you are hateful of inmates, you should quit here!!!

9-11-15  
Date

Dennis Gines  
Inmate Signature

Attachment 3  
Page 7

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*Received on 9-9-15*



# Oregon

Kate Brown, Governor

## Department of Corrections

Health Services  
2575 Center St. NE  
Salem, OR 97301-4667  
(503) 378-5593  
Fax (503) 378-5597



September 1, 2015

Dennis Gines, SID #12019691  
Oregon State Penitentiary  
2605 State St.  
Salem, OR 97310

RE: Grievance Appeal OSP-2015-07-016A

Dear Mr. Gines:

This letter is written to you in response to the grievance referenced above concerning your alleged mistreatment from Nurse McCrae.

While I understand that your perception is that Nurse McCrae was "mad" at you; in her response she has identified that this was not the case. It is unfortunate that the wound was irritated and continued to hurt during the dressing change; however, this does not indicate that there was intentional mistreatment. I do not find any documentation to substantiate your claims that Nurse McCrae caused you further injury or harm in her care of your wounds.

In regards to your concerns with scheduling, Nurse McCrae is correct in insisting that you be scheduled at the appropriate times as per policy. OSP Medical Services does not schedule *routine* sick call appointments after 3:30 pm; the times after 3:30 pm are reserved for emergencies, urgent needs and pill line as explained by Nurse McCrae. Staff has been educated on appropriate scheduling to avoid the confusion and frustrations in the future.

I find that your original grievance was answered appropriately by Nurse McCrae. Your dissatisfaction with Nurse McCrae does not constitute mistreatment in your medical care. The medical care you have been provided is sound and appropriate.

The Oregon Department of Corrections Health Services will continue to provide for your health care needs throughout the duration of your incarceration.

Sincerely,

S. Shelton, M.D.  
Medical Director

**NOTED**

SEP 08 2015

**GRIEVANCE COORDINATOR**

CC: J. Lawson, Grievance Coordinator, OSP  
C. Coffey, RN, Medical Services Manager, OSP  
File

*Attachment 3*  
*Page 8*



First Appeal McGraw

Grievance # OSP-2015-07-016A  
Staff Use Only

Pg 1 of 5

## GRIEVANCE APPEAL FORM

Inmate: GINGS DENNIS L 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I want to appeal your response to my grievance # OSP 2015-07-06 in which you state: On 6-10-15 I was working sick call and had reviewed the schedule when I first came to work at 1345. I had noted that you - Mr. Dennis Gings, were scheduled for a dressing at 1800. But you forgot to mention our previous contact on or around June 4th. at 6 PM. at which time, you gave me a huge attitude because I was there at 6 PM to get my bandage changed at 6 PM. You were very rude and insistent on changing my time to 3 PM. Visits starting on June 5th; I was not in agree with this time and the next day I had it changed back to 6 PM. On 6-9-15 I was waiting for treatment in the waiting room at 6 PM. and you seen me in there as you passed through the waiting room with your pill cart. You were very mad that I had the time changed against your personal wishes and the next day 6-10-15 at 1:45 PM. you - summoned me to the infirmary to teach me a lesson because I had the time changed against your personal wishes! cont.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page!

8-6-15

Date

Dennis Gings

Inmate Signature

Attachment 3  
Page 9

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First Appeal McCrae

Grievance # OSP-2015-07-016A

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Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GOINGS DENNIS L. 12019691 D-276-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

You were mad at me on 6-9-15 when you seen me in the waiting room at 6 PM. and so much that you summoned me on 6-10-15 to get even with me for changing the time, you did this at 2 PM. You were so mad that you waited for me at the infirmary door. As soon as I walked in, you very rudely stated: I thought I changed your time to 3 PM, I stated: you did but, I changed it back to 6 PM. You rudely stated: "well I changed it back to 3 PM." "Put it in the computer not to change your time again, so there's nothing you can do about it now". You said this with a huge attitude to make sure I knew you won! You then demanded to change my bandage, with your bad attitude I knew you were gonna cause me more injury but, I had no choice. So I tried to unwrap the Caban before you had a chance to hurt me, there was two layers of Caban around my foot, one around my ankle and two more <sup>Caban</sup> layers around my foot. I had already had the two layers off of my foot and the one around my ankle off. cont.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

please see next Page

8-6-15  
Date

Dennis Goings  
Inmate Signature

Attachment 3  
Page 10

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Date Stamp

First Appeal McCrae

Grievance # OSP-2015-07-016A  
Staff Use Only

p. 3 of 5

## GRIEVANCE APPEAL FORM

Inmate: GINGES DENNIS L. 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

When you grabbed a hold firmly, I said, it's still tender to keep you from hurting me, you kept pulling in a straight up motion, this was painful, I again said, "I was still sore" as you continued pulling straight up on the Caban causing the caban to spin on my foot, this spinning motion was very painful, worse because the Caban is self adhering - making it harder to get apart. As you tore the last of the caban off, the spinning motion caused the stretch gauge to wad up, forced it to spin around my fresh wound, causing skin to be torn from my wound and it to bleed. It was then that you seen the blood and it was then that you tried to apologize. Not because you were sorry, but, because you knew you messed up! In your response you state: "You apologized that I was in pain, it would hurt for a while as burns can be very painful or sensitive". This is false, you did this intentionally and did not care if I hurt, painful or sensitive, the only reason you apologized is because you seen the damage you caused me and tried to smooth me over!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

please see next Page

cont.

8-6-15

Date

Dennis Sines

Inmate Signature

Attachment 3

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First Appeal McGraw

Grievance # OSP-2015-07-016A  
Staff Use Only

pg. 4 of 5

## GRIEVANCE APPEAL FORM

Inmate: GINGES DENNIS L 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

In your response you state: "there was a small amount of serous (clear yellow fluid) on the dressing that was removed, the skin was noted as being pink". This too is ~~so~~ false, I never had serous (clear yellow fluid) in any of my changes and the other nurses who changed my bandages prior can witness this fact! As far as my skin noted as pink, this too is false, you seen the injury you caused me, immediately tried to clean the blood off in a hast, applied the silvadine, tried to rush me out of there without putting a proper bandage back on but, I insisted.

In your response you state: That I never once voiced concern about my mis-treatment. This is false, before you even touched me, I told you "I was still sore", during my mis-treatment, I again told you "I was still tender", trying to keep you from man handling my bandage and wound to no avail. You still caused me injury, I wanted to yell out at you for what you did to me, it happened so fast, I chose to bite my tongue and leave before you

Describe what action you want taken to resolve the grievance. (How can the problem be solved?) do anymore damage

Please see next page

cont.

8-6-15  
Date

Dennis Ginges  
Inmate Signature

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**GRIEVANCE COORDINATOR**



First Appeal McCrae

Grievance # OSP-2015-07-016A  
Staff Use Only

pgs of 5

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I spent the night in Pain and had no Pain meds to ease the Pain you caused me. On the next day 6-11-15 I could not wait to get my bandage changed, blood cleaned out. I seen nurse John working and immediately explained the medical mistreatment I recieved from you the day before, told him I needed him, another nurse to witness the only bloody bandage change I had in two weeks Prior beause, of your mis-treatment. Nurse John and nurse Whitney had changed most all of my bandages up to that point and the can witness I never once had a (clear yellow fluid) Prior but tea, they can witness the only bloody bandage I had from your abuse! My medical file was missing at that point so, I asked nurse John, nurse Whitney to Please take a mental note of what they seen and to Please log it into my file when it was found.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I would like Mrs. Carrie Caffery to be notified of her actions, for her to own up to what she clearly did to me! If she has a history of Medical mis-treatment or negative complaints, terminate.

8-6-15  
Date

Dennis Gines  
Inmate Signature

Attachment 3  
Page 13

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AUG 07 2015

GRIEVANCE COORDINATOR

Date Stamp

## GRIEVANCE RESPONSE FORM

## TO BE FILLED OUT BY STAFF

Grievance # OSP. 2015.07.016

TO: Gines, Dennis 12019691  
Inmate Name SID #  
 FROM: Julie McCrae, RN  
Staff Member

1. List, in detail, action(s) taken. (What action was taken? Was the action what the inmate requested? If not, why? Who took the action? When was the action taken – date/time?)

1:45

On 6/10/2015 I was working sick call, and had reviewed the schedule when I first came on shift at 1345. I had noted that you, Mr. Dennis Gines, were scheduled for an 1800 for a dressing change. I reviewed your schedule on the DOC400 to see if this appointment time was chosen due to work or another reason, and saw that there was none, as you were placed on a medical hold from work. I called to your block officer and requested that you come up to the infirmary at that time, which was around 1400. When you came up, I had stated that I thought I had already changed your appointment time to earlier in the day; however, you corrected me and stated that your appointment time had always been 1800. I stated that we do not do appointments after 1530, as that time is used for emergencies, urgent needs, and pill line so I would need to change your appointment time at 1530. When you had mentioned you did not like that, I stated we could find a different time for you, but that 1530 would be the latest appointment you would be getting. I then started your dressing change. The first layer was coban, which is a wrap designed to be self-adhering. While removing the coban dressing you had stated that the injury "still hurts pretty bad". I apologized that you were hurting and stated it would hurt for a while, as burns can be very painful and sensitive. After removing the coban, I removed the stretch gauze that was also wrapped around your foot. I removed your old telfa pad and cleaned the wound with safe cleanse and a clean gauze 4x4. (There was a scant amount of serous (clear yellow fluid) on the dressing that was removed and the skin was noted as being "pink".) During the dressing change, you did not saying anything to me regarding an increase in pain with the procedure, or a change in wound appearance; no concerns were voiced during the procedure about your wound, only your unhappiness about the change in your appointment time. I applied a fresh layer of silvadine cream and placed a clean nonstick telfa pad over the wound. I asked if I could just wrap the wound with gauze, as the coban can cause the pulling when it is being removed, but you requested more coban be placed over the gauze because you felt it was "cleaner" that way. I wrapped your wound with stretch gauze, and then rewrapped that with a new coban wrap as you requested. You asked one more time for the appointment to be kept as is and to not change it. I explained the policy one more time, and requested that you stop asking that it be changed. Your new appointment time was changed to 1400.

Do Not Type Past This Line

Date:

7/21/15

Signature of Staff Member

Signature of Supervisor (Print/Sign)

Sent from processing facility

**NOTED****JUL 27 2015****GRIEVANCE COORDINATOR**

Date Stamp

Sent to inmate from current facility (if not processing facility)

Date Stamp

Attachment 3

Page 14

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OSP-2015-07-016

## GRIEVANCE FORM

## TO BE FILLED OUT BY INMATE

TO: RN. McCrae/medical

FROM: GINES DENNIS L. 12019691 D-276-A  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons for your grievance. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

On 6-10-15 at 2:00pm. I was re-injured by Nurse McCrae as she changed my bandages from an accidental burn I got at work on 5-30-15. She did this intentionally out of anger! I sent a 3 page Kyte asking why she would do this to me and she failed to answer my Kytes. We only have a short time to file complaints and to exhaust all of our remedies and her refusal to respond has made my time shorter. I got the Kyte back with someone whom I did not Kyte, response. He knows nothing about what took place with me and McCrae. He was not there and my issue was with Mrs. McCrae.

2. List any action(s) you have already taken to informally resolve the grievance. (What have you done or tried to do to solve problem? Who have you talked to – date/time/place?). Attach copies of any documents, which show what you have done.

I sent a 3 page Kyte to Mrs. McCrae on 6-10-15, the day of, she refused to respond to it. See Kyte attached!

3. Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

an apology and reprimanded for her unprofessional actions and Mrs. Carrie Caffrey informed of the situation. If she has a history of this same activities, termination! thank you

7-6-15  
Date

Dennis Gines  
Inmate Signature

Attachment 3

Page 15

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JUL 08 2015

GRIEVANCE COORDINATOR (3/04)

Distribution:  
Original Grievance Form (White)  
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Inmate Receipt (Pink)  
Inmate Copy (Goldenrod)



# Oregon

Kate Brown, Governor

## Department of Corrections

Health Services  
2575 Center St. NE  
Salem, OR 97301-4667  
(503) 378-5593  
Fax (503) 378-5597



November 17, 2015

Dennis Gines, SID #12019691  
Oregon State Penitentiary  
2605 State St.  
Salem, OR 97301

RE: Grievance Appeal OSP-2015-07-067AA

Dear Mr. Gines:

This letter is in response to the above referenced grievance appeal concerning your disagreement over the management of your inmate communications.

I continue to be in agreement with your original grievance response. As stated by Dr. Shelton, your inmate communication(s) directed to Nurse McCrae's co-workers were related to Nurse McCrae's nursing practices and not your health status. Medical Services management was aware of your concerns related to Nurse McCrae. Although you may disagree, your use of the inmate communication(s) in these instances was inappropriate.

I encourage you to remember that you are responsible in your communications to you choose your words appropriately, and that your approach is fitting in order to effectively convey your intended information and ideas.

Health Services is committed to providing care that is respectful, compassionate, objective and non-judgmental. Please continue to work with the healthcare staff regarding your medical needs.

Sincerely,

J. DaFoe, RN, MSN, MHA  
Health Services Administrator

CC: J. Lawson, Grievance Coordinator, OSP  
C. Coffey, RN, Medical Services Manager, OSP  
File

**NOTED**

NOV 23 2015

GRIEVANCE COORDINATOR

*Attachment 4*

*Page 1*



Second Appeal Manager

Grievance # OSP 2015-07-067AA  
Staff Use Only

1. of 4.

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I want to appeal your response to my grievance # OSP-2015-07-067 in which you state: "This letter is written to you in response to the grievance appeal referenced above concerning your disagreement with management of - with inmate communications." For starters, if you are referring to my disagreement with management / you for covering up my medical abuse by intentionally intercepting all of my inmate communications sent to other staff members, were in agreement! You also state: "I am in agreement with the original grievance response by nurse manager Lries". It is clear that your communications directed at Nurse McCross coworkers, were disparaging of her and her nursing practice and not about your current medical abuse. You are wrong! I never once asked your coworkers to do anything personal against you. For, I asked to two witnesses I had to please log their medical findings as they unwrapped my only bloody bandage I had the day after my medical abuse, to please log it in my MCA file so I can file a complaint on nurse McCross.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont.

Please see next Page!

10-6-15  
DateDennis Dines  
Inmate SignatureAttachment 4  
Page 2

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OCT 09 2015

GRIEVANCE COORDINATOR  
Date Stamp

Second Appeal Mager

Grievance # OSP-2015-07-067A  
Staff Use Only

2. of 4.

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

During my Kytes/communications I sent were current medical concerns. You also state: "As indicated in the response to these communications, the nurse managers were aware of your complaints and the issue was being handled directly by her managers. Well I had no idea because, you intentionally held on to my Kytes as a cover up and my 30 days limit to grieve was upon me so, I sent follow up Kytes to my valid medical concerns. It was then you seen I wasn't "going away" as you hoped so, you gave me a " bogus write up " which was immediately dismissed as it should have been! You also state: "You were in fact told to cease writing these types of inmate communications and chose not to do so". I have a right to use our Kytes system whether you like its content or not. You only did this to shut me up, cover up the medical mistreatment I received. You also state: Please remember that the inmate communication system is in place for you to address your current medical needs. These communications should be addressed to medical services department -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cant,

Please see next page!

10-6-15

Date

Dennis Gines

Inmate Signature

Attachment 4

Page 3

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For grievance appeal instructions see back page

Second Appeal Magee

Grievance # OSP-2015-07-067AA  
Staff Use Only

3. of 4.

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

and not to specific nurses by name. As directed by both nurse MNG Pries and nurse manager Magee, Please refrain from addressing future communications regarding staff concerns to specific staff members and their Peers; but rather direct these issues to health services management so that they may be properly addressed". You, nurse manager Pries or nurse manager Magee do not have the authority to give me such a directive, there is no such rule. This is just one more unprofessional attempt to deny me access to our communication system, and to continue the medical mistreatment cover up you have done. Also, I've been here for about 15 years and very familiar with our Kytos. More so than you in that, if you read the addressee Port on the front, it clearly states NAMES!! Attached is a Kyte for your info. in case you are unaware! I did nothing wrong sending Kytos to medical staff directly this is why your "Bogus DR." was dropped!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cant.

Please see next Page!

10-6-15

Date

Dennis Ginos

Inmate Signature

Attachment 4

Page 4

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OCT 09 2015

GRIEVANCE COORDINATOR

Second appeal stage

Grievance # OSP-2015-07-067AA

4. of 4.

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-226-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

Your actions to intentionally intercept my kyles addressed to other staff members as a blatant attempt to cover up the medical abuse I recieved from nurse McCrae is unprofessional and your directive to stop using our communications system is a clear sign of abuse of authority! You are denying my rights to Due Process, Equal Protections and cruel and unusual Punishment and unsafe conditions because of your willingness to cover up nurse McCrae's medical abuse for her to abuse me again. I sent these kyles to get medical staff to log their findings into my medical file so I could use my legal options, you knew this, intercepted my kyles to stop staff from entering this as an attempt to stop my legal options and my filing a formal complaint on nurse McCrae for her medical abuse on me causing me more injury. My claims here are very true and honest! Would you be willing to take a lie detector test? I'm more than willing - shame on you!!!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Because there is no limit you will go with your corruptions - and your willingness to try to cover up a very serious crime, you need to be terminated - Period!! See "NAME" on attached kyles!!

10-6-15

Date

Dennis Gines

Inmate Signature

Attachment 4

Page 5

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OCT 09 2015

GRIEVANCE COORDINATOR

Date Stamp



*Magee*  
**Oregon**

Kate Brown, Governor

**Department of Corrections**

Health Services  
2575 Center St. NE  
Salem, OR 97301-4667  
(503) 378-5593  
Fax (503) 378-5597



September 25, 2015

Dennis Gines, SID #12019691  
Oregon State Penitentiary  
2605 State St.  
Salem, OR 97310

RE: Grievance Appeal OSP-2015-07-067A

Dear Mr. Gines:

This letter is written to you in response to the grievance appeal referenced above concerning your disagreement with management of with inmate communications.

I am in agreement with the original grievance response by Nurse Manager Pries. It is clear that your communications directed at Nurse McCrae's coworkers, were disparaging of her and her nursing practice and not about your current medical concerns. As indicated in the responses to those communications, the nurse managers were aware of your complaints and the issue was being handled directly by her managers. You were in fact told to cease writing these types of inmate communications and chose not to do so.

Please remember that the inmate communication system is in place for you to address your current medical needs. These communications should be addressed to the Medical Service department and not to specific nurses by name. As directed by both Nurse Manager Pries and Nurse Manager Magee, please refrain from addressing future communications regarding staff concerns to specific staff members and their peers; but rather direct these issues to the Health Services management team so that they may be properly addressed.

Health Services is committed to providing care that is respectful, compassionate, objective and non-judgmental. Please continue to work with the healthcare staff regarding your medical needs.

Sincerely,

*S. Shelton*

S. Shelton, M.D.  
Medical Director

CC: J. Lawson, Grievance Coordinator, OSP  
C. Coffey, RN, Medical Services Manager, OSP  
File

*Attachment 4*

*Page 6*

**NOTED**

**SEP 29 2015**

**GRIEVANCE COORDINATOR**



First Appeal Mage

Grievance # OSP 2015-07-067A

Staff Use Only

Pg 1 of 6

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I want to appeal your response to my grievance # OSP 2015-07-067 in which you state: your dissatisfaction with nurse Julie M. was addressed and answered by the nurse manager at the time of your original inmate communications to her. Yes, I was very dissatisfied with the medical - mistreatment I received from nurse McCrae, had enough I sent her a Kyte with my concerns, this Kyte had nothing to do with nurse manager Mage therefore, you had no legitimate business interfering with our communications system put in place for issues both good or bad! In your response you state: you chose to, after receiving the response continue the issue by writing to her peers in an attempt to Staff split. For one, I did not receive my Kyte to McCrae back for several weeks so I sent a follow up Kyte two weeks later, you kept the Kyte I sent her and was hoping I was not gonna follow up on it. But when you seen my follow up Kytes, you seen I wasnt gonna go away so, you sent my Kytes back with YOUR response!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont.

Please see next page.

8-24-15

Date

Dennis Gines

Inmate Signature

Attachment 4

Page 7

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First appeal Magee

Grievance # OSP 2015-07-0671  
Staff Use Only

pg 2 of 6

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

As far as Staff splitting goes, your Position that I was "Staff Splitting" is only your term and it is not mentioned in any Part of an ODOC rule, I was not "Staff splitting", I was only trying to have my medical care documented in my file because my file had gone missing days before the issue at hand. I specifically note that your nurse manager Magee have sought to characterize this matter in a negative manner to cover up the actions of nurse McCrae, an action you should have no legitimate interest in taking. In your response you state: Upon receipt of these communications the nurses gave them to management to address as they were inappropriate communications and had no medical concerns for them to address. This too is false, they were not inappropriate communications as you claim, I never asked them to do anything to nurse McCrae, I only asked them to please document in my medical file the only bleeding bandage they witnessed into my file. cant

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page

8-24-15  
Date

Dennis Dinos  
Inmate Signature

Attachment 4  
Page 8

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First Appeal Magee

Grievance # OSP 2015-07-067A

pg 3 of 6

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 D-276-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

On 6-11-15, the day after my medical mistreatment from McCrae, I went to the infirmary for my daily bandage change and I intentionally ask two nurses on duty to please ~~act~~ act as witnesses as they unwrapped my only bloody bandage I had to date. I had 14 bandages changed before my mistreatment with McCrae and nurse John and nurse Whitney can state this fact because they had changed most all of my bandages up to that day and they know without a doubt, blood was present. So I asked them to take a mental note as to what they witnessed and to please log their findings into my Medical file as soon as its found. They said they would so, yes I did have a medical concern for them to address, then sent them kyles to make sure it was logged! In your response you state: The nurse manager again acknowledged receipt of communications and directed you to stop the behaviors.

cont.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page!

8-24-15  
Date

Dennis Gines  
Inmate Signature

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First Appeal Magee

Grievance # OSP-2015-07-067A

pg 4 of 6

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## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 D-276-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

You also State: you chose not to follow directions and continue the harassing behaviors through inappropriate communications to staff: a DR was written. This is all within the scope of management and was appropriately handled. When you intentionally held on to my Kytes I sent to nurse McCrae and nurse Caffey for several weeks, I had no choice but to write follow ups because, my 30 days limit to file a grievance was upon me and she was not gonna get away with what she did!! As far as your bogus DR. you sent me as an attempt to shut me up about the medical mistreatment I received from McCrae on exposing her treatment, Your bogus DR. was immediately dropped as I knew it would be! I don't know how long you have been here but, that's why we have a Kyte system in place! In your response you State: while it is important that you voice your concern about staff to their managers it is not appropriate for you to address these concerns to their Peers in a way to slander or harass them. cant

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

please see next page!

8-24-15  
Date

Dennis Gines  
Inmate Signature

Attachment 4

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AUG 26 2015

GRIEVANCE COORDINATOR

Date Stamp

First Appeal Mager

Grievance # OSP-2015-07-067A

Staff Use Only

pg 5 of 6

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 D-276-A  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

for also State: Staff concerns are addressed by their managers not their Peers. If you would have allowed my Kytes to go where they were addressed to go to, get them back to me in a timely manner, I would not have sent follow up Kytes. In your attempt to shut me up you held on to my Kytes for several weeks, I needed them to respond not you. You also State: In the future, Please refrain from addressing any inmate communications to specific nurses or staff members, but rather address them to "medical services", as all medical staff are capable of answering your medical concerns. This is false and not in a DOC rule. In fact DOC encourages us to send Kytes addressed to the staff member of whom you have concerns with. So I will continue to send Kytes to staff members directly! In your response you State: Your concerns have been addressed and this issue is - considered closed, Soa that, my concerns have not been addressed and this issue is not closed.. cant.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

please see next Page!

8-24-15  
Date

Dennis Ginos  
Inmate Signature

Attachment 4  
Page 11

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GRIEVANCE COORDINATOR

Date Stamp

First appeal Magee  
pg 6 of 6Grievance # OSP. 2015.07.067A  
Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

The actions I want to resolve this grievance is:  
for nurse manager Magee to be reprimanded for his attempts to cover up the medical mistreatment I recieved from nurse McCrae. That's to include his blantent attempt to shut me up so I don't expose her mistreatment by way of his bogus DR. he sent me. He needs to know that we have a communication system in place for issues with staff rather good or bad, we can and will send them to staff directly! And finally, I would ask nurse Jahn and nurse Whitney if they in fact forwarded my Kyles to management for response. I know this is not true! He intercepted these Kyles to cover up the mistreatment I got from nurse McCrae!

thank you for your time!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

please see above ↑.

8-24-15

Date

Dennis Gines

Inmate Signature

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**GRIEVANCE COORDINATOR**

Date Stamp

**GRIEVANCE RESPONSE FORM****TO BE FILLED OUT BY STAFF****Grievance # OSP-2015-07-067**TO: Gines, Dennis # 12019691OSP-2015-07-067

Inmate/Client Name

Institution #

FROM: C. Pries, RN, Nurse Manager, OSP

Staff Member

I have read your grievance and reviewed your medical record and inmate communications.

Your dissatisfaction with Nurse Julie M. was addressed and answered by the nurse manager at the time of your original inmate communication to her. You chose to, after receiving the response, continue the issue by writing to her peers in an attempt to staff split. Upon receipt of these communications the nurses gave them to management to address as they were inappropriate communications and had no medical concerns for them to address. The nurse manager again acknowledged receipt of the communications and directed you to stop the behaviors. You chose not to follow directions and continued the harassing behaviors through inappropriate communications to staff; a DR was written. This is all within the scope of management and was appropriately handled.

While it is important that you voice your concerns about staff to their managers it is not appropriate for you to address these concerns to their peers in a way to slander or harass them. Staff concerns are addressed by their managers not their peers.

In the future, please refrain from addressing any inmate communications to specific nurses or staff members, but rather address them to "Medical Services", as all medical staff are capable of answering your medical concerns.

Please make your communications relevant to medical, dental or pharmacy issues only. If you have concerns regarding a specific staff member these communications should be directed to the OSP Health Services Management team not to other nurses or staff members.

Your concerns have been addressed and this issued is considered closed.

Health Services will continue to provide health care to you based on your health care needs until your release from the Department of Corrections.

Thank you

August 11, 2015

Date:

**NOTED****AUG 13 2015****GRIEVANCE COORDINATOR**

Cm Pries  
Signature of staff member

[Signature]  
Signature of supervisor

Attachment 4

Page 13

Resubmission for Magee

Grievance # OSP 2015-07-067  
Staff Use Only

## GRIEVANCE FORM

Inmate: GINGS DENNIS L. 12019691 D-276-A  
Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☒ The lack of an administrative directive or operational procedure
- ☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- ☒ Any oversight or error affecting an inmate
- ☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- ☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- ☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 7-7-15 8:30 AM.

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

This is a resubmission of grievance #OSP 2015-07-067 within 14 days.

I had a very serious medical issue with nurse McCrae, sent her a Kyte, one to health service manager Carrie Caffey and later ~~the~~ I sent two Kytes to two other medical staff members with the same concerns.

They were all intentionally intercepted by RN. nurse manager Magee as a blatant attempt to protect and cover up the mis-treatment I receive from nurse McCrae. Additionally, he even went as far as to write me a DR. (disciplinary report) to keep me quiet, to keep me from filing a complaint on nurse McCrae. His bogus DR. was dropped as it should have been!

His behavior is unprofessional and unacceptable!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

He needs to be reprimanded, nurse manager Carrie Caffey notified of his action.

If he has a history of intercepting and interfering with our Kyte system to shut me up, then he needs to be terminated!

8-6-15

Date

Dennis Gings

Inmate Signature

Attachment 4  
Page 14

## Distribution:

White (Original grievance form)

Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

For grievance information see back page

Receiving Facility  
(if not processing facility)

Date Stamp

Received at Processing Facility

**RECEIVED**

AUG 07 2015

GRIEVANCE COORDINATOR

Date Stamp



Copy of specialized  
Call Pass from -  
RN, McCrae's summons  
to the infirmary on -  
6-10-15

**DEPARTMENT OF CORRECTIONS**

**Inside Pass (Print)**

6-10-15, 20  
Medical  
Person Contacted for Authorization  
Name Caines  
From ID  
To Medical  
Issued 1445 Time By Veff Staff Member  
JUN 10 PM 2:56  
Arrived \_\_\_\_\_ Time \_\_\_\_\_ Staff Member  
Left \_\_\_\_\_ Time \_\_\_\_\_ Staff Member

CD 1094 bP (09/11)

**Nº 532459**

PS. Also scanned into  
Medicals computerized  
clock with my ID.

Attachment 5



Dear OSBN,,

I'm here at the Oregon State Pen., I filed separate complaints on two nurses that work here in the Prison infirmary, RN. McCrae & nurse manager Brendan Magee on 12-16-15. My complaint about nurse McCrae's retaliatory intentional ripping off of the Gaban Bandage from my serious burn that caused re-injury of my wound, unnecessary Pain and suffering, too, her re-injury of my wound took my wound longer to heal. My complaint on nurse manager Brendan Magee was in response to his complicity in attempting to cover-up nurse McCrae's wrongdoing, by writing me up a false disciplinary report in an effort to stop me from speaking out about the re-injury I in fact recieved from nurse McCrae.

I have sent the Board of Nursing two previous request asking about the status of my complaints, however, I never recieved any response from my alarming letters so, I sent a third letter - Certified Mail, return receipt, was only then the Board claims I never sent them any complaints. Prior, sent me two new complaints to fill out and return even though my first complaints and alarming letters never came back to me through the US Mail. My second set of - genuine complaints were deemed I recieved sound medical care and draped without an honest investigation into my facts.


Cont.

Page 2

2 of 2

I had my family call the Board of Nursing over two months ago to see if there was an appeal for my complaints, was told there was no appeal at all. I am asking you now if there is an appeal or not, if so, I am asking you to please forward a complaint - appeal to me? Also, can you please send me a copy of the Oregon State Pen, DOC. Medical response to my nursing Board complaint I filed with you? Complaints date is 11-1-16.

Thank you!

Dennis Sines  


Dennis Sines 12019691  
2605 State St.  
Salem, OR. 97310

PS, I also need to know how I can get complaints for OSBN?



# Oregon

Kate Brown, Governor

Attachment 6

Page 3

## Board of Nursing

17938 SW Upper Boones Ferry Rd

Portland, OR 97224-7012

(971) 673-0685

Fax: (971) 673-0684

Oregon.BN.INFO@state.or.us

[www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)

November 15, 2016

Mr. Dennis Gines, SID #12019691  
Oregon State Penitentiary  
2605 State St  
Salem OR 97310

Dear Mr. Gines,

This letter, pursuant to ORS 676.175(2)(b), is in response to your request for information on the outcome of your complaint against the above referenced licensee. Thank you for contacting us with your complaint. Please know that the Board takes your concerns seriously.

Board staff have reviewed the allegations in your complaint, but were unable to identify that a violation of the Nurse Practice Act occurred. We recognize that this outcome may be different from what you anticipated as a possible result of your complaint, but there is nothing more we can do at this time. If you have further questions, please contact me at [molly.taube@state.or.us](mailto:molly.taube@state.or.us).

Thank you again for your time in providing this information.

Sincerely,

Roberta Poole

Complaint Intake Coordinator



# Oregon

Kate Brown, Governor

January 9, 2018

Attachment 6  
Page 4

## Board of Nursing

17938 SW Upper Boones Ferry Rd  
Portland, OR 97224-7012  
(971) 673-0685  
Fax: (971) 673-0684  
Oregon.BN.INFO@state.or.us  
www.oregon.gov/OSBN

Dennis Gines SID #12019691  
Oregon State Penitentiary  
2605 State St  
Salem OR 97310

RE: Coffey, Carrie RN

Dear Dennis Gines,

This letter, pursuant to ORS 676.175(2)(b), is in response to your request for information on the outcome of your complaint submitted 1/4/2018. Thank you for contacting us with your complaint. Please know that the Board takes your concerns seriously.

Board staff have reviewed the allegations in your complaint, but did not open a case at this time. The following are a few examples in which a case may not be opened when a complaint is received:

- No Nurse Practice Act violation identified
- No jurisdiction (i.e. licensee or certificate holder does not have active nursing license or certificate in Oregon)
- Not enough information or insufficient detail provided (no licensee or certificate holder name, no place of work, no date of incident, no patient information, etc.)
- 

We recognize that this outcome may be different from what you anticipated as a possible result of your complaint, but there is nothing more we can do at this time. If you have further questions, please contact me.

Thank you again for your time in providing this information.

Sincerely,

Roberta Poole  
Complaint Intake Coordinator  
Oregon State Board of Nursing  
17938 SW Upper Boones Ferry Rd  
Portland OR 97224  
roberta.poole@state.or.us  
971-673-0678



# Oregon

Kate Brown, Governor

Attachment 6  
Page 5

## Board of Nursing

17938 SW Upper Boones Ferry Rd  
Portland, OR 97224-7012  
(971) 673-0685  
Fax: (971) 673-0684  
Oregon.BN.INFO@state.or.us  
[www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)

October 03, 2016

Dennis Gines  
SID 12019691  
2605 State St  
Salem, OR 97310

Dear Mr. Gines,

I am in receipt of your letter dated 9/23/16 regarding your inquiry into the status of two complaints you submitted regarding nurses Julie McCrae and Brenden Magee. To date, the Board has not received any complaints against the aforementioned nurses from you. I will enclose two complaints forms for you to complete and return to our office for processing.

Once received, the Board will investigate the allegations to determine whether a violation of the Nurse Practice Act has occurred. If the Board finds that a violation did occur, it may take formal disciplinary action regarding the licensee. The enclosed fact sheet explains our investigation process and the disciplinary options available to the Board.

If the Board takes disciplinary action, you may request a copy of the Final Order that was issued, in accordance with the Oregon Public Records Act. Although disciplinary action taken by the Board during a Board Meeting is public information, details of the investigations leading up to such actions are not. Board staff is not allowed to discuss specifics of any investigation.

If you have any questions, please feel free to call me at the Board office at 971-673-0678, or visit our website at [www.oregon.gov/osbn](http://www.oregon.gov/osbn).

Sincerely,

Molly Taube  
Complaint Intake Coordinator

Enclosure





# Oregon

Kate Brown, Governor

Attachment 6

Page 6

## Board of Nursing

17938 SW Upper Boones Ferry Rd  
Portland, OR 97224-7012  
(971) 673-0685  
Fax: (971) 673-0684  
Oregon.BN.INFO@state.or.us  
[www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)

October 14, 2015

Dennis Gines #12019691  
Oregon State Penitentiary  
2605 State St  
Salem, OR 97310

Dear Mr. Gines,

This letter is in response to information the Oregon State Board of Nursing (OSBN) recently received from you regarding a registered nurse.

I'm enclosing a complaint form for you to complete. Please fill out the complaint form and return to OSBN along with a copy of your completed grievance.

Sincerely,

  
Molly Taube  
Complaint Intake Coordinator

Enclosure





September 23, 2016

Attachment 6

Page 7

Oregon State Board of Nursing  
17938 S.W. Upper Boones Ferry Road  
Portland, OR 97310

Re: Complaints against Nurse McCrae and McGee

Dear Board of Nursing:

I am currently incarcerated at the Oregon State Penitentiary. I filed separate complaints against two nurses who work in the prison infirmary, R.N. Julie McCrae and Nurse Manager Brendan Magee, nearly a year ago. To date, I have not received any response to my complaint. My complaint about Nurse McCrae was about her intentional ripping off of the bandage from my serious burn that caused re-injury to my wound. It is clear that she did this for retaliatory reasons. My complaint about Nurse Magee was in response to his complicity in attempting to cover-up Nurse McCrae's wrongdoing, by writing a false disciplinary report in an effort to stop me from complaining about the injury I received from Nurse McCrae.

I have sent the Board of Nursing two previous requests asking about the status of my complaints. However, I have never received any response. I am now concerned that the Board is not taking my concerns seriously because it simply hasn't been responsive to any of my complaints or concerns.

I understand that the Board is an agency managed by the Governor's office. If the Board does not want to take my complaints seriously, I will contact the Governor to ask that she have her office investigate why the Board is non-responsive. My complaints are legitimate and my accusations against nurses McCrae and McGee fall within the Board's rules related to "Conduct Derogatory to the Standard of Nursing." OAR 851-045-0070. I have certainly made a facially genuine complaint against these nurses that needs looking into.

Please respond to this letter provide me with the status of my complaints. I would like to know what progress has been made in terms of investigation into the actions of both Nurse McCrae and Nurse Magee.

Thank you for your attention to this matter. I will look forward to your response.

Sincerely,

Dennis Gines  
SID# 12019691  
2605 State Street  
Salem, OR 97310

cc

November 1, 2016

Attachment 6  
Page 8

Oregon State Board of Nursing  
17938 S.W. Upper Boones Ferry Road  
Portland, OR 97310

Re: Complaints against Nurse McCrae and McGee

Dear Board of Nursing:

Please find enclosed complaints against two nurses employed by the Oregon Department of Corrections, R.N. Julie McCrae and Nurse Manager Brendan Magee. This is the second time I have filed complaints against these nurses because I was only recently advised that the Nursing Board stated it did not receive my prior complaints.

I originally sent my complaints from the Oregon State Penitentiary Library on December 16, 2015 (Exhibit No. 1 – Library mailing log showing I mailed a package to the Board). I then waited patiently for several months for a response, but heard nothing. In approximately June of 2016, I sent the Board a letter inquiring into the status of my complaint, but, again, I received no response. I sent another inquiry to the Board date September 15, 2016. Still no response. (I did not mail my June or September status inquires from the library so they were not logged). Finally, I sent a third inquiry on September 23, 2016 by certified mail, return receipt, which the Board did respond to by advising me that it had never received any complaints from me (Which is belied by the mailing log entry from Exhibit No. 1). However, the Board did send me two blank complaint forms, which I am returning with this letter by certified mail, return receipt.

I am also sending you copies of the original complaints I sent to the Board on 12-16-2015. (Exhibits Nos. 2 and 3) However, while I am asking you to process my new complaints, I would also like an investigation into what happened to my original complaints.

Thank you for your attention to this matter. I will look forward to your response.

Sincerely,

Dennis Gines  
SID# 12019691  
2605 State Street  
Salem, OR 97310

cc

PS. I am also enclosing a copy of the hand written letter dated 9-15-16 I sent the Board with my very clear and detailed claims of abuse and corruption. How come the Board of Nn did not contact me? Why did I have to send a Certified letter before you responded? ALL of my letters for months have the same info in them!

my copy

9-15-16

Attachment 6

1.

Page 9

Dear Board of Nursing,

Hello, my name is Dennis Gines and I am currently incarcerated at the Oregon State Pen. I filed two complaints on two nurses that were here named ~~an~~ RN, Julie McCrae and NM, Brenden Magee almost one year ago. Her for her intentional cause of re-injury when she tore my bandages off of my wounds and NM, Brenden Magee for his intentional attempts to cover her crime up even going as far as to give me a Bogus write-up to keep me from speaking out about the abuse I suffered from nurse McCrae. I sent you a couple of letters to you asking what became of this issues and still have not heard back?

I have spoken to many inmates here that filed complaints and ALL have a conclusion Why not me? I feel like the reason you are not returning my letters is because, you did not take my claims serious and only trasfering them so they can continue their abuse and corruption! I am now sending this third letter of concern, Certified Mail and still asking what was the results of these serious issues?

Dennis Gines!

Dennis Gines 12019691  
2605 State St.  
Salem, OR. 97310

RN. NM, Magee

11-1-16

**Oregon State Board of Nursing****Discipline and Complaints - File A Complaint or Self-Report Form**

Please complete the form below to the best of your abilities. When finished, click once on the "Submit Complaint" button at the bottom of the page to submit the form for processing.

**NOTE:** You will receive an email confirmation with the contents of your form submission once the form has been successfully submitted.

Please complete all required (\*) fields below with your information.

**Your (Complainant or Self-Reporter) Information:**

(Optional; however, please note that anonymous complaints can be harder to investigate and that we cannot provide any follow-up information to you if you file the complaint anonymously)

Your First Name:   
Your Last Name:   
Title:   
Relationship to Licensee:   
Agency or Organization:   
Address Line 1:   
Address Line 2:   
City:   
State:   
Zip Code:   
Email Address:   
Phone Number/Extension:

**Your Complaint is Against (Licensee):**

Please complete as many of the fields below as you can.

Licensee First Name:  \*  
Licensee Last Name:  \*  
License Type: ☐ CNA ☐ LPN ☐ NP ☐ CNS  
☐ CMA ☒ RN ☐ CRNA ☒ Other RN, NM.  
License # (if known):   
Address Line 1:   
Address Line 2:

Attachment 6

Page 10

City: Salem,  
 State: OR.  
 Zip Code: 97310  
 Email Address:   
 Phone Number/Extension:    
 Licensee's Place of Work (Facility): Oregon State Pen.  
 Licensee's Work Address Line 1: 2605 State st. Salem, OR. 97310  
 Licensee's Work Address Line 2:   
 Licensee's Work Address City: Salem, OR.  
 Licensee's Work Address State: Oregon.  
 Licensee's Work Address Zip Code: 97310  
 Licensee's Supervisor: Carry Caffery  
 Licensee's Supervisor's Phone:   
 Licensee Employment Status (if known): --Select--

Attachment 6  
 Page 11

**Complaint Facts: \***

Be sure to include as many facts pertaining to the complaint as possible, including: dates, times and locations of incidents; behaviors of respondent which were observed by you; any statements or admissions made by respondent.

Please see Exhibit A,  
 Kyles with his response addressed to others,  
 Grievances and His Bogus disciplinary report he -  
 falsely issued out of intimidation / Coercion. Cover up!

Date of Incident: 7 / 7 / 2015 \*  
 [MM/DD/YYYY]  
 Location of Incident: Oregon State Pen.  
 Location of Incident Address Line 1: 2605 State st.  
 Location of Incident Address Line 2:   
 Location of Incident Address City: Salem,

Location of Incident Address State:   
Location of Incident Address Zip Code:   
Patient's First Name:   
Patient's Middle Initial:   
Patient's Last Name:   
Patient's Date of Birth:  /  /   
Patient's Medical Record #:

Attachment 6  
Page 12

Have you filed this complaint elsewhere (facility, Adult Protective Services, law enforcement)?:

☒ Yes ☐ No I FILED A PREVIOUS COMPLAINT WITH THE OREGON BOARD OF NURSING. THIS COMPLAINT WAS NEVER ACKNOWLEDGED. 12-16-15

**Witness Information:** PLEASE SEE COVER LETTER

Witness' First Name::   
Witness' Last Name:   
Witness' address line 1:   
Witness' address line 2:   
Witness' address city:   
Witness' address state:   
Witness' address zip code:   
Witness' Email Address:   
Witness' Phone:

**Witness Statement:**

Please see Exhibit B.

### Supporting Documentation:

Please use the fields below to attach copies of any relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures. Alternatively you can email supporting documentation to molly.taube@state.or.us or fax to (971) 673-0684.

NOTE: If your file(s) are larger than 10MB, please fax or email them using the info above.

<input type="text"/>	Browse...
<input type="text"/>	Browse...
<input type="text"/>	Browse...
<input type="text"/>	Browse...

**Verification by Oath or Affirmation:**



☒ I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will conform to ethical standards of conduct and obey the laws and rules of the Oregon State Board of Nursing; that I have read and understood that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.

*Dennis Sines 11-1-16*

By clicking the "SUBMIT COMPLAINT" button, you agree to the above Verification by Oath or Affirmation.

SUBMIT Complaint

---

[Text Only](#) | [State Directories](#) | [Agencies A to Z](#) | [Site Map](#) | [About Oregon.gov](#) | [Oregon.gov](#)  
[File Formats](#) | [Oregon Administrative Rules](#) | [Oregon Revised Statutes](#) | [Privacy Policy](#) | [Web Site](#)  
[Feedback](#)



Adobe Reader is required to view PDF files. Click the "Get Adobe Reader" image to get a free download of the reader from Adobe. Available for Macintosh or Windows.

*Attachment 6*  
*Page 13*

Attachment A**COMPLAINT FACTS**  
(RE: Nurse Brenden Magee)

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department and I went to the OSP infirmary for treatment. My injuries required a daily change of bandages over several weeks. During one of my changes, I was treated by Nurse McCrae, who was angry over the fact that I came to the infirmary at a time with which she did not agree. She expressed her anger at me and suggested I had somehow manipulated the timing of my bandage change even though I have nothing to do with scheduling or issuing passes to the OSP infirmary.

Nurse McCrae continued to be angry while changing my bandage and deliberately yanked the old bandage from my wound, thereby ripping the tender skin, re-injuring my wound, causing me serious suffering, and causing it to bleed.

On 06-11-2015, the day after Nurse McCrae's medical abuse, during my next treatment, I explained the abuse to RN J. Olachea, who was very apologetic. I asked him to please bring a second nurse to witness the bloody bandage that was being changed. RN. W. Hughes then entered the room and I explained what Nurse McCrae did to my injury the day before. I wanted both of them to witness the bloody bandage, after all, they had changed most of my bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

Unfortunately, my medical file had been misplaced for several days prior to this incident and I asked both Nurses, Olachea and Hughes, to please take a mental note and to please document their findings into my medical file as soon as it was located. They said they would.

When I did not hear back from them within the 30-day limit to file a grievance, I sent them both kytes (communication forms) to remind them that they said they would make a notation of the condition of my foot in my file. I did not get a response from them, so I sent them follow-up kytes expressing my concerns. Instead of getting a response back from either nurse Olachea or Hughes, I received a response to both of my kytes from Nurse Manager Magee on the same day. In one response, he advises me not to send any further kytes to his nurses and accuses me of using "staff splitting tactics" even though all I was attempting to do was to have my medical file updated to accurately reflect what occurred. The next day, Nurse Manager Magee issued me a Disciplinary Report for writing to his nurses.

It is clear that Nurse manager Magee intercepted all of my kytes in a deliberate effort to prevent me from documenting the improper actions and abuse of one of his nurses, Nurse McCrae. To accomplish this, he falsely accused me of attempting to cause problems between staff. This was completely wrong. The only request I made in my communications to Nurses Olachea and Hughes was to log the incident they witnessed into my medical file.

I am entitled to have my medical file accurately reflect the truth. It was actually Nurse Manager Magee that was seeking to manipulate my file. Moreover, I am required by rule to document and prove any grievance claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120(4) states that "staff should make every effort to respond to an inmate communication form within seven days of receipt. It does not say that other staff should intervene in the communication. However, nurse manager Magee intervened and did not allow this process to occur. Instead, nurse Manager Magee

Exhibit B

directly ordered me not to communicate with staff, thereby in violation of the aforementioned rule, and issued a disciplinary report for my attempts to have my medical file updated accurately.

I am asking that Nurse Brenden Magee be disciplined for his efforts to interfere with my medical record, for interfering with witnesses to my medical condition, and for trying to conceal or cover-up the wrongdoing of Nurse McCrae.

**Witnesses**

The witnesses to this matter are OSP nurses Olachea and Hughes. I am also including the documentation mentioned in this notice, including the kytes to Olachea and Hughes in which he responded as well as the disciplinary report he improperly issued.

Dated this 16<sup>th</sup> day of December, 2015

Dennis Gines 11-1-16  
Dennis Gines  
SID# 12019691  
2605 State Street  
Salem, OR 97310

P.S. I want him terminated so he can't  
continue his corruption - because he will

Attachment 6

Page 15

## Oregon State Board of Nursing

**Attention: All online services will undergo routine maintenance on December 27 and 28. As a result, all online services, including license Online Complaints will be unavailable from 8 a.m. December 27 until 5 p.m. December 28. Thank you for your patience.**

### Discipline and Complaints - File A Complaint Form

Please complete the form below to the best of your abilities. When finished, click once on the "Submit Complaint" button at the bottom of the page to submit the form for processing.

**NOTE:** You will receive an email confirmation with the contents of your form submission once the form has been successfully submitted.

Please complete all required (\*) fields below with your information.

#### Your (Complainant) Information:

(Optional; however, please note that anonymous complaints can be harder to investigate and that we cannot provide any follow-up information to you if you file the complaint anonymously)

Your First Name:

DENNIS

Your Last Name:

GINES

Title:

inmate

Relationship to Licensee:

victim / Patient

Agency or Organization:

Oregon State Pen.

Address Line 1:

2605 State st.

Address Line 2:

City:

Salem,

State:

OR

Zip Code:

97310

Email Address:

Phone Number/Extension:

#### Your Complaint is Against (Licensee):

Please complete as many of the fields below as you can.

Licensee First Name:

Brendan \*

Licensee Last Name:

Mayer \*

License Type:

☐ CNA ☐ LPN ☐ NP ☒ Other ☐ CMA ☐ RN ☐ CRNA

Attachment 6

Page 16

N.M.

License # (if known):

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Email Address:

Phone Number/Extension:

Licensee's place of work (Facility):

City of place of work:

Licensee's Supervisor:

Licensee's Supervisor's Phone:

**Complaint Facts: \***

Be sure to include as many facts pertaining to the complaint as possible, including: dates, times and locations of incidents; behaviors of respondent which were observed by you; any statements or admissions made by respondent.

Please see attachment-A

How did you become aware of the incident or concern?

Date of Incident:  /  /  \*

Location of Incident:  \*

Patient's First Name:  \*

Patient's Middle Initial:

Patient's Last Name:  \*

Patient's Date of Birth:  /  /

Patient's Medical Record #:

Attachment 6  
Page 17

Have you filed this complaint elsewhere (facility, Adult Protective Services, law enforcement)?:

☐ Yes ☐ No

### Witness Information:

Be sure to include full witness names, addresses and telephone numbers, and statements made by the witness(es) regarding incidents.

see attachment - A

### Supporting Documentation:

Please use the fields below to attach copies of any relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures. Alternatively you can email supporting documentation to molly.taube@state.or.us or fax to (971) 673-0684.

NOTE: If your file(s) are larger than 10MB, please fax or email them using the info above.

Browse...

Browse...

Browse...

Browse...

### Verification by Oath or Affirmation:

Dennis Sines 12-16-15

I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will conform to ethical standards of conduct and obey the laws and rules of the Oregon State Board of Nursing; that I have read and understood that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.

By clicking the "SUBMIT COMPLAINT" button, you agree to the above Verification by Oath or Affirmation.

QH<sub>8</sub> Y H

Enter the code shown to guard against electronic spam:

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Attachment 6

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Attachment A**COMPLAINT FACTS**  
(RE: Nurse Brenden Magee)

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department and I went to the OSP infirmary for treatment. My injuries required a daily change of bandages over several weeks. During one of my changes, I was treated by Nurse McCrae, who was angry over the fact that I came to the infirmary at a time with which she did not agree. She expressed her anger at me and suggested I had somehow manipulated the timing of my bandage change even though I have nothing to do with scheduling or issuing passes to the OSP infirmary.

Nurse McCrae continued to be angry while changing my bandage and deliberately yanked the old bandage from my wound, thereby ripping the tender skin, re-injuring my wound, causing me serious suffering, and causing it to bleed.

On 06-11-2015, the day after Nurse McCrae's medical abuse, during my next treatment, I explained the abuse to RN J. Olachea, who was very apologetic. I asked him to please bring a second nurse to witness the bloody bandage that was being changed. RN. W. Hughes then entered the room and I explained what Nurse McCrae did to my injury the day before. I wanted both of them to witness the bloody bandage, after all, they had changed most of my bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

Unfortunately, my medical file had been misplaced for several days prior to this incident and I asked both Nurses, Olachea and Hughes, to please take a mental note and to please document their findings into my medical file as soon as it was located. They said they would.

When I did not hear back from them within the 30-day limit to file a grievance, I sent them both kytes (communication forms) to remind them that they said they would make a notation of the condition of my foot in my file. I did not get a response from them, so I sent them follow-up kytes expressing my concerns. Instead of getting a response back from either nurse Olachea or Hughes, I received a response to both of my kytes from Nurse Manager Magee on the same day. In one response, he advises me not to send any further kytes to his nurses and accuses me of using "staff splitting tactics" even though all I was attempting to do was to have my medical file updated to accurately reflect what occurred. The next day, Nurse Manager Magee issued me a Disciplinary Report for writing to his nurses.

It is clear that Nurse manager Magee intercepted all of my kytes in a deliberate effort to prevent me from documenting the improper actions and abuse of one of his nurses, Nurse McCrae. To accomplish this, he falsely accused me of attempting to cause problems between staff. This was completely wrong. The only request I made in my communications to Nurses Olachea and Hughes was to log the incident they witnessed into my medical file.

I am entitled to have my medical file accurately reflect the truth. It was actually Nurse Manager Magee that was seeking to manipulate my file. Moreover, I am required by rule to document and prove any grievance claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120(4) states that "staff should make every effort to respond to an inmate communication form within seven days of receipt. It does not say that other staff should intervene in the communication. However, nurse manager Magee intervened and did not allow this process to occur. Instead, nurse Manager Magee

directly ordered me not to communicate with staff, thereby in violation of the aforementioned rule, and issued a disciplinary report for my attempts to have my medical file updated accurately.

I am asking that Nurse Brenden Magee be disciplined for his efforts to interfere with my medical record, for interfering with witnesses to my medical condition, and for trying to conceal or cover-up the wrongdoing of Nurse McCrae.

**Witnesses**

The witnesses to this matter are OSP nurses Olachea and Hughes. I am also including the documentation mentioned in this notice, including the kytes to Olachea and Hughes in which he responded as well as the disciplinary report he improperly issued.

Dated this 16<sup>th</sup> day of December, 2015

---

Dennis Gines  
SID# 12019691  
2605 State Street  
Salem, OR 97310

Attachment 6

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11-1-16

## Oregon State Board of Nursing

Attention: All online services will undergo routine maintenance on December 27 and 28. As a result, all online services, including license Online Complaints will be unavailable from 8 a.m. December 27 until 5 p.m. December 28. Thank you for your patience.

### Discipline and Complaints - File A Complaint Form

Please complete the form below to the best of your abilities. When finished, click once on the "Submit Complaint" button at the bottom of the page to submit the form for processing.

**NOTE:** You will receive an email confirmation with the contents of your form submission once the form has been successfully submitted.

Please complete all required (\*) fields below with your information.

#### Your (Complainant) Information:

(Optional; however, please note that anonymous complaints can be harder to investigate and that we cannot provide any follow-up information to you if you file the complaint anonymously)

Your First Name:

Dennis

Your Last Name:

Gines

Title:

Inmate

Relationship to Licensee:

Victim / Patient

Agency or Organization:

Oregon State Pen.

Address Line 1:

2605 State st.

Address Line 2:

City:

Salem,

State:

OR.

Zip Code:

97310

Email Address:

Phone Number/Extension:

#### Your Complaint is Against (Licensee):

Please complete as many of the fields below as you can.

Licensee First Name:

Juli \*

Licensee Last Name:

McCrae \*

License Type:

☐ CNA ☐ LPN ☐ NP ☐ Other  
☐ CMA ☒ RN ☐ CRNA

Attachment 6  
Page 21

License # (if known):

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Email Address:

Phone Number/Extension:

Licensee's place of work (Facility):

City of place of work:

Licensee's Supervisor:

Licensee's Supervisor's Phone:

**Complaint Facts: \***

Be sure to include as many facts pertaining to the complaint as possible, including: dates, times and locations of incidents; behaviors of respondent which were observed by you; any statements or admissions made by respondent.

Please see Attachment - A.

How did you become aware of the incident or concern?

Date of Incident:  /  /  \*

Location of Incident:  \*

Patient's First Name:  \*

Patient's Middle Initial:

Patient's Last Name:  \*

Patient's Date of Birth:  /  /

Patient's Medical Record #:

Attachment 6  
Page 22

Have you filed this complaint elsewhere (facility, Adult Protective Services, law enforcement)?:

☐ Yes ☐ No

### Witness Information:

Be sure to include full witness names, addresses and telephone numbers, and statements made by the witness(es) regarding incidents.

Please see Attachment - B.

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Page 23

### Supporting Documentation:

Please use the fields below to attach copies of any relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures. Alternatively you can email supporting documentation to molly.taube@state.or.us or fax to (971) 673-0684.

NOTE: If your file(s) are larger than 10MB, please fax or email them using the info above.

	Browse...
	Browse...
	Browse...
	Browse...

### Verification by Oath or Affirmation:

I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will conform to ethical standards of conduct and obey the laws and rules of the Oregon State Board of Nursing; that I have read and understood that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.

By clicking the "SUBMIT COMPLAINT" button, you agree to the above Verification by Oath or Affirmation.

QH<sub>8</sub> Y H

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Attachment A

**Relevant Facts**

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor and it came from under the grill and immediately filled both of my shoes. This caused severe burns to my feet, which required treatment for over 21 days.

During one of my treatments, I was having my bandages changed by Nurse Julie McCrae. When Nurse McCrae changed my bandages, she was angry with me for being scheduled for a bandage change at a time she disagreed with. She believed that I manipulated my bandage change schedule, but I have nothing to do with scheduling in the prison infirmary. While changing my bandages, she was deliberately rough and she tore my wound open by her mistreatment. My bandage had been changed several times previously and my foot was never re-injured until Nurse McCrae deliberately and vindictively ripped the bandage from my foot. It is clear that Nurse McCrae retaliated against me and she further damaged my foot as a result. Her treatment of my foot was painful and it caused my injury to take longer to heal than necessary. This action did not reflect competent or ethical care.

Attachment 6  
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Attachment B

**WITNESSES**

On 06-11-2015, the day after Nurse McCrae's medical abuse, during my next treatment, I explained the abuse to RN John, he was very apologetic. I asked him to please bring a second nurse to witness the bloody bandage I had as they unwrapped the bandage. RN. Whitney then entered the room and I explained what Nurse McCrae did to my injury the day before. I wanted both of them to witness the bloody bandage, after all, they had changed most of my bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

My medical file had been misplaced for several days prior to this incident and I asked both Nurse John and Nurse Whitney to please take a mental note and to please document their findings into my medical file as soon as it was found. They said they would.

When I did not hear back from them within the 30-day limit to file a grievance, I sent them both kytes (communication forms) to remind them that they said they would not the condition of my foot. I did not get a response from them, so I sent them follow-up kytes expressing my concerns. In response, I received a disciplinary response from Nurse Manager Brenden Magee. Nurse manager Magee intercepted all of my kytes, thereby preventing me from having this incident logged into my medical file. Nurse manager Magee did this to cover up Nurse McCrae's improper actions.

Direct witnesses to the damage Nurse McCrae did to my foot were RNs John and Whitney. They can be contacted at the Oregon State Penitentiary and should be able to recall this incident well.

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## Oregon State Board of Nursing

Attention: All online services will undergo routine maintenance on December 27 and 28. As a result, all online services, including license Online Complaints will be unavailable from 8 a.m. December 27 until 5 p.m. December 28. Thank you for your patience.

### Discipline and Complaints - File A Complaint Form

Please complete the form below to the best of your abilities. When finished, click once on the "Submit Complaint" button at the bottom of the page to submit the form for processing.

**NOTE:** You will receive an email confirmation with the contents of your form submission once the form has been successfully submitted.

Please complete all required (\*) fields below with your information.

#### Your (Complainant) Information:

(Optional; however, please note that anonymous complaints can be harder to investigate and that we cannot provide any follow-up information to you if you file the complaint anonymously)

Your First Name:

Dennis

Your Last Name:

Gines

Title:

Inmate

Relationship to Licensee:

Victim / Patient

Agency or Organization:

Oregon State Pen.

Address Line 1:

2605 State st.

Address Line 2:

City:

Salem,

State:

OR.

Zip Code:

97310

Email Address:

Phone Number/Extension:

#### Your Complaint is Against (Licensee):

Please complete as many of the fields below as you can.

Licensee First Name:

Licensee Last Name:

License Type:

☐ CNA ☐ LPN ☐ NP ☐ Other  
☐ CMA ☐ RN ☐ CRNA

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License # (if known):   
 Address Line 1:   
 Address Line 2:   
 City:   
 State:   
 Zip Code:   
 Email Address:   
 Phone Number/Extension:    
 Licensee's place of work (Facility):   
 City of place of work:   
 Licensee's Supervisor:   
 Licensee's Supervisor's Phone:

**Complaint Facts: \***

Be sure to include as many facts pertaining to the complaint as possible, including: dates, times and locations of incidents; behaviors of respondent which were observed by you; any statements or admissions made by respondent.

Please see Attachment - A.

How did you become aware of the incident or concern?   
 Date of Incident:  /  /  \*  
 [MM/DD/YYYY]  
 Location of Incident:  \*  
 Patient's First Name:  \*  
 Patient's Middle Initial:   
 Patient's Last Name:  \*  
 Patient's Date of Birth:  /  /   
 [MM/DD/YYYY]  
 Patient's Medical Record #:

Attachment 6  
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Have you filed this complaint elsewhere (facility, Adult Protective Services, law enforcement)?:

☐ Yes ☐ No.

### Witness Information:

Be sure to include full witness names, addresses and telephone numbers, and statements made by the witness(es) regarding incidents.

Please see Attachment - B.

### Supporting Documentation:

Please use the fields below to attach copies of any relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures. Alternatively you can email supporting documentation to molly.taube@state.or.us or fax to (971) 673-0684.

NOTE: If your file(s) are larger than 10MB, please fax or email them using the info above.

	Browse...
	Browse...
	Browse...
	Browse...

### Verification by Oath or Affirmation:

I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will conform to ethical standards of conduct and obey the laws and rules of the Oregon State Board of Nursing; that I have read and understood that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.

By clicking the "SUBMIT COMPLAINT" button, you agree to the above Verification by Oath or Affirmation.

QH<sub>8</sub> Y H

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[File Formats](#) | [Oregon Administrative Rules](#) | [Oregon Revised Statutes](#) | [Privacy Policy](#) | [Web Site Feedback](#)

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X

Attachment A**Relevant Facts**

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor and it came from under the grill and immediately filled both of my shoes. This caused severe burns to my feet, which required treatment for over 21 days.

During one of my treatments, I was having my bandages changed by Nurse Julie McCrae. When Nurse McCrae changed my bandages, she was angry with me for being scheduled for a bandage change at a time she disagreed with. She believed that I manipulated my bandage change schedule, but I have nothing to do with scheduling in the prison infirmary. While changing my bandages, she was deliberately rough and she tore my wound open by her mistreatment. My bandage had been changed several times previously and my foot was never re-injured until Nurse McCrae deliberately and vindictively ripped the bandage from my foot. It is clear that Nurse McCrae retaliated against me and she further damaged my foot as a result. Her treatment of my foot was painful and it caused my injury to take longer to heal than necessary. This action did not reflect competent or ethical care.

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Attachment B**WITNESSES**

On 06-11-2015, the day after Nurse McCrae's medical abuse, during my next treatment, I explained the abuse to RN John, he was very apologetic. I asked him to please bring a second nurse to witness the bloody bandage I had as they unwrapped the bandage. RN. Whitney then entered the room and I explained what Nurse McCrae did to my injury the day before. I wanted both of them to witness the bloody bandage, after all, they had changed most of my bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

My medical file had been misplaced for several days prior to this incident and I asked both Nurse John and Nurse Whitney to please take a mental note and to please document their findings into my medical file as soon as it was found. They said they would.

When I did not hear back from them within the 30-day limit to file a grievance, I sent them both kytes (communication forms) to remind them that they said they would not the condition of my foot. I did not get a response from them, so I sent them follow-up kytes expressing my concerns. In response, I received a disciplinary response from Nurse Manager Brenden Magee. Nurse manager Magee intercepted all of my kytes, thereby preventing me from having this incident logged into my medical file. Nurse manager Magee did this to cover up Nurse McCrae's improper actions.

Direct witnesses to the damage Nurse McCrae did to my foot were RNs John and Whitney. They can be contacted at the Oregon State Penitentiary and should be able to recall this incident well.

P.S. I want her terminated so she can't  
do this to anyone else in the future  
because she will!

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MSM: Caffrey

**Oregon State Board of Nursing****Discipline and Complaints - File A Complaint or Self-Report Form**

Please complete the form below to the best of your abilities. When finished, click once on the "Submit Complaint" button at the bottom of the page to submit the form for processing. If you have questions about when to report, please see our [Complaint Evaluation Tool](#).

**NOTE:** You will receive an email confirmation with the contents of your form submission once the form has been successfully submitted.

Please complete all required (\*) fields below with your information.

**Your (Complainant or Self-Reporter) Information:**

(Optional; however, please note that anonymous complaints can be harder to investigate and that we cannot provide any follow-up information to you if you file the complaint anonymously)

Your First Name:

Your Last Name:

Title:

Relationship to Licensee:

Agency or Organization:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Email Address:

Phone Number/Extension:

I would like to be informed regarding the outcome of this complaint: ☒

**Your Complaint is Against (Licensee):**

Please complete as many of the fields below as you can.

Licensee First Name:  \*

Licensee Last Name:  \*

License Type: ☐ CNA ☐ LPN ☐ NP ☐ CNS  
☐ CMA ☐ RN ☐ CRNA ☒ Other

License # (if known):

Attachment 6  
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Address Line 1:   
 Address Line 2:   
 City:   
 State:   
 Zip Code:   
 Email Address:   
 Phone Number/Extension:    
 Licensee's Place of Work (Facility):   
 Licensee's Work Address Line 1:   
 Licensee's Work Address Line 2:   
 Licensee's Work Address City:   
 Licensee's Work Address State:   
 Licensee's Work Address Zip Code:   
 Licensee's Supervisor:   
 Licensee's Supervisor's Phone:   
 Licensee's Supervisor's Email Address:   
 Licensee Employment Status (if known):

**Complaint Facts: \***

Be sure to include as many facts pertaining to the complaint as possible, including: dates, times and locations of incidents; behaviors of respondent which were observed by you; any statements or admissions made by respondent.

See Attachment A. Complaint  
 See Attachment B. Communications  
 and Discernance

Date of Incident:  
 [MM/DD/YYYY]

/  /  \* - 3-14-17 / 4-10-17

Location of Incident:

Location of Incident Address Line 1:

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Location of Incident Address  
Line 2:

Location of Incident Address  
City:

Location of Incident Address  
State:

Location of Incident Address  
Zip Code:

Salem

Oregon

97310

**Patient Information:**

*The Board is a health professional regulatory agency that is authorized to receive HIPAA protected information without a signed authorization, pursuant to Federal Title 45 CFR § 164. To view full language, click [here](#).*

Patient's First Name:

Dennis Gines

Patient's Middle Initial:

L

Patient's Last Name:

Gines

Patient's Date of Birth:  
[MM/DD/YYYY]

4/27/1969

Patient's Medical Record #:

Have you filed this complaint elsewhere (facility, Adult Protective Services, law enforcement)? *Can't.*  
☒ Yes ☐ No

**Witness Information:**

Witness' First Name::

Witness' Last Name:

Witness' address line 1:

Witness' address line 2:

Witness' address city:

Witness' address state:

Witness' address zip code:

Witness' Email Address:

Witness' Phone:

**Witness Statement:**

Attachment 6

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**Supporting Documentation:**

Please attach copies of any relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures. Alternatively you can email the supporting documentation to [roberta.poole@state.or.us](mailto:roberta.poole@state.or.us) or fax to 971-673-0683.

**Verification by Oath or Affirmation:**

☒ I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will conform to ethical standards of conduct and obey the laws and rules of the Oregon State Board of Nursing; that I have read and understood that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.

Sign Emily - Dennis Sines

Date 12-27-17

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## Attachment A

Page 35

## COMPLAINT

On May 30th, 2015 my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was using five gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor, which immediately filled both of my shoes. This caused severe burns to both feet which required treatment for over 21 days.

While receiving daily treatments at 6 p.m., 3 or 4 days into treatment, I was rudely confronted by Julie McCrae, RN, as to why I was there at 6 p.m. She was angry at me for being scheduled at a time she disagreed with. She was very rude and insistent on changing my treatments to 2:30 p.m. starting the next day. I told her I was getting treated before her and had no complaints until her. I asked her to please leave me at 6 p.m. She refused. The next day I went to another nurse, asked her to put me back at 6 p.m., which she did. When nurse McCrae found out I was scheduled for 6 p.m. she summoned me at 2:30 p.m. via a cell block sergeant's pass to the infirmary on June 10, 2015 and met me at the door, and began to yell at me for going above her to change my schedule. She then insisted on changing my bandage since I was already there. I sensed her anger and tried to unwrap my bandage myself before she could re-injure my wound. It was too late; she pulled up on my Coban bandage, causing it to spin around my foot. Her actions were out of anger and retaliation and she had ripped flesh from my wound that she assumed was more healed. I filed a grievance and a Board of Nursing Complaint on her, but the Board found her malpractice actions appropriate and dismissed my legitimate complaint. The Board is now allowing her to work on their license to assault others. I had put Whitney Hughes, RN, as a witness on my complaint and attempted to contact her here at OSP, but once again my communications I sent to RN Hughes were intercepted by MSM Coffey as a means of covering up my legitimate concerns. Also to keep the issue covered up, Coffey claimed my written communications were inappropriate. I filed a grievance on Coffey for her continued attempts to cover up. Her actions are unprofessional and inappropriate herself.

Because of the Oregon State Penitentiary's narrow grievance guidelines to bring all facts forward, it took me several attempts to achieve this.

I have a legal right to follow up on any complaints and or witnesses of complaints. Coffey's attempts of cover up are joined with other medical staff's cover ups to include the Board of Nursing when they refused to process and punish or fire a nurse I warned them about 3 years ago. It is no wonder that she is able to keep a clean record when the Board of Nursing does not hold the nurses working under their license accountable for their actions. I know from first hand experience the Board of Nursing's refusal of my

legitimate Board complaints I filed on Nurse McCrae and Nurse Manager Brendan Magee; her, for her intentional ripping off of my Coban bandage causing more injury, longer heal time, lack of proper training; and him for his attempts of cover up even going as far as filing a bogus write-up on me to keep me from speaking out about the abuse. The Board of Nursing will without doubt refuse this complaint as well as cover up of the abuse I indeed suffered by one of their nurses registered in their registry. The Board of Nursing is allowing nurse McCrae to cause abuse, re-injuries even keeping her record clean for her. Shame on the Board and your letter sent to me threatening that you are ready for litigation; that's a good thing you have lawyers on hand with taxpayers dollars paying the bill. The public needs to know their hard earned taxes are being misused by the Board of Nursing to defend the abusive nurses and every Board member's corrupt ways. This is now part of the record thanks to Coffey's actions. See you in court, litigation.

Attachment 6  
Page 36

1 - Copy of Grievance 16 pages  
sent 1 - Copy of Grievance record 55 Pages





**Oregon**

Kate Brown, Governor

**Department of Administrative Services**

Enterprise Goods & Services

Risk Management

PO Box 12009

Salem, Oregon 97309-0009

Phone: (503) 373-7475

Fax: (503) 373-7337

June 13, 2017

Dennis Gines, SID 12019691  
Oregon State Penitentiary  
2605 State Street  
Salem, OR 97310

Claimant: Dennis Gines, SID 12019691  
Claim Number: L162133  
Date of Loss: March 28, 2017  
Re: Notice of Denial

*M. Case Mager*

**DENIAL**

An investigation has been completed through the Oregon Nursing Board (ONB) concerning your claim.

We do not find negligence on the part of the State of Oregon/Oregon Nursing Board, its officers, agents, or employees. According to the investigation we found that proper protocols were followed by ONB staff.

Based on the findings, your claim must be denied in its entirety. If you choose to pursue your claim, the Oregon Nurse Board is prepared to proceed to litigation.

Respectfully,  
The Inmate Claims Unit

*Attachment 6*  
*Page 37*

**Inmate Mailout Request History****Between the dates of 10/1/2015 and 10/26/2016**

Displays all the Legal Library requests that include a request for a Mailout appointment between the dates above

**Gines, Dennis****SID# 12019691****Law Library Request****Req. No. - 237585**

Req. Received On: 11/3/2015	Req. Answered On:	Date on Request:	Coordinator: McPherson	Coord. Signed On: N/A
--------------------------------	-------------------	------------------	---------------------------	--------------------------

Deadline Info on Inmate Communication:

Info Not Provided

Inmate Notes: 2 Small envelopes:  
 1) Oregon Dept. of Administrative Services, Risk Management Division, PO Box 12009, Salem, OR 973009-0009 " Legal Mail"  
 2) Same as Above

Staff Notes: Mailed 11/3

**The following appointments were requested by the inmate.**

Equipment Type	Hours	Services Requested	Mail Out
Miscellaneous	0		

**Law Library Request****Req. No. - 240729**

Req. Received On: 12/16/2015	Req. Answered On:	Date on Request:	Coordinator: McPherson	Coord. Signed On: N/A
---------------------------------	-------------------	------------------	---------------------------	--------------------------

Deadline Info on Inmate Communication:

Info Not Provided

Inmate Notes: 1 Lrg envelope:  
 Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224-7012 "Legal Mail"

Staff Notes: Mailed 12/16 CD\_28 attached (Verified Legal Mail-Mel.)

**The following appointments were requested by the inmate.**

Equipment Type	Hours	Services Requested	Mail Out
Miscellaneous	0		

**Law Library Request****Req. No. - 242787**

Req. Received On: 1/12/2016	Req. Answered On:	Date on Request:	Coordinator: McPherson	Coord. Signed On: N/A
--------------------------------	-------------------	------------------	---------------------------	--------------------------

Deadline Info on Inmate Communication:

Info Not Provided

Inmate Notes: 1 Small envelope:  
 SAIF Corp., 400 High St. SE, Salem, OR 97312

Staff Notes: Mailed 1/12

**The following appointments were requested by the inmate.**

Equipment Type	Hours	Services Requested	Mail Out
Miscellaneous	0		

PTTack

6

pg 38

**Inmate Mailout Request History****Between the dates of 10/1/2015 and 10/26/2016**

Displays all the Legal Library requests that include a request for a Mailout appointment between the dates above

**Gines, Dennis****SID# 12019691****Law Library Request****Req. No. - 235581**

Req. Received On:	Req. Answered On:	Date on Request:	Coordinator:	Coord. Signed On:
10/6/2015			McPherson	N/A

Deadline Info on Inmate Communication:

Info Not Provided

Inmate Notes: 1 Small envelope:

SAIF Corp., 400 High St. SE, Salem, OR 97312

Staff Notes: Mailed 10/6

**The following appointments were requested by the inmate.**

Equipment Type	Hours	Services Requested	Mail Out
Miscellaneous	0		

**Law Library Request****Req. No. - 235494**

Req. Received On:	Req. Answered On:	Date on Request:	Coordinator:	Coord. Signed On:
10/8/2015			Unsigned	N/A

Deadline Info on Inmate Communication:

Info Not Provided

Inmate Notes: None Entered

Staff Notes: None Entered

**The following appointments were requested by the inmate.**

Equipment Type	Hours	Services Requested	Mail Out
Miscellaneous	0.5		

**Scheduled Hours**

Schd. Date	Start Time	End Time	Time	Schd Equip	Reason for Appt:
10/8/2015	9:30 AM	10:00 AM	0.5 MI		Mail Out

**Law Library Request****Req. No. - 236525**

Req. Received On:	Req. Answered On:	Date on Request:	Coordinator:	Coord. Signed On:
10/21/2015			McPherson	N/A

Deadline Info on Inmate Communication:

Info Not Provided

Inmate Notes: 1 Small envelope:

Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224-7012

Staff Notes: Mailed 10/21

**The following appointments were requested by the**

Equipment Type	Hours	Services Requested
Miscellaneous	0	

ATTACH 6

39

**Inmate Mailout Request History****Between the dates of 10/1/2015 and 10/26/2016**

Displays all the Legal Library requests that include a request for a Mailout appointment between the dates above

**Gines, Dennis****SID# 12019691**

<b>Law Library Request</b>				<b>Req. No. - 244678</b>	
Req. Received On:	Req. Answered On:	Date on Request:	Coordinator:	Coord. Signed On:	
2/3/2016			Davidson	N/A	
Deadline Info on Inmate Communication: Info Not Provided					
Inmate Notes: 1 Small envelope: Office of Public Defense Services, 1175 Court St. NE, Salem, OR 97301-4030 "Legal Mail"					
Staff Notes: Mailed 2/3					
<b>The following appointments were requested by the inmate.</b>					
Equipment Type	Hours				
Miscellaneous	0	Services Requested	Mail Out		

<b>Law Library Request</b>				<b>Req. No. - 246897</b>	
Req. Received On:	Req. Answered On:	Date on Request:	Coordinator:	Coord. Signed On:	
3/2/2016			McPherson	N/A	
Deadline Info on Inmate Communication: Info Not Provided					
Inmate Notes: 1 Small envelope: Public Defense Services, Appellate Division, 1175 Court St. NE, Salem, OR 97301-4030 "Legal Mail"					
Staff Notes: Mailed 3/2					
<b>The following appointments were requested by the inmate.</b>					
Equipment Type	Hours				
Miscellaneous	0	Services Requested	Mail Out		

<b>Law Library Request</b>				<b>Req. No. - 262899</b>	
Req. Received On:	Req. Answered On:	Date on Request:	Coordinator:	Coord. Signed On:	
9/23/2016			Davidson	N/A	
Deadline Info on Inmate Communication: Info Not Provided					
Inmate Notes: 1 Small Envelope, Certified Mail: Oregon State Board of Nursing, 17938 SW Boones Ferry Rd., Portland, OR 97224-7012 (#70132630000154488800)					
Staff Notes: Mailed 9/23 CD-28 attached for Certified Mailing					
<b>The following appointments were requested by the inmate.</b>					
Equipment Type	Hours				
Miscellaneous	0	Services Requested	Mail Out		

**REPORT TOTALS BELOW**

10/1/2015 to 10/26/2016

Total N

ATTACH

6

is Report

9

Total Scheduled Hours **0.5**

Total Cance

40

Rescheduled Hours **0**

Dennis Gines, SID# 12019691  
2605 State Street  
Salem, Oregon 97310

April 21, 2017

Oregon Office of the Governor  
Attn: Boards & Commissions  
900 Court Street, NE, Suite 160  
Salem, Oregon 97301-4046

RE: Complaint against the Oregon Board of Nursing

Dear Boards & Commissions,

I would like to file a complaint against the Oregon Board of Nursing. Please provide me with the information and form(s) I will need to file the complaint.

Your assistance will be very much appreciated.

Thank you for your time and attention to this request.

Sincerely,

Dennis Gines

Attachment 7

Pg 1

c: File

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

1 of 6

TO: Gov. Kate Brown, Date: 3-28-17

State your issue in detail: Hello ma-am, my name is Dennis Gines  
and I am currently incarcerated at the Oregon State Pen.  
I am forced to write you concerning a very serious  
medical abuse situation I had to endure by one of  
the nurses here and too, everyone involved, from the  
nurse manager's to the Oregon State Board of nursing  
are attempting to cover up this medical abuse I in  
fact had to endure! On 5-30-15, while working my shift  
in the cullinary here at OSP, I was badly burned on both  
feet when another inmate was taking five gallon buckets  
of boiling water out of steam Kettles (used to cook food)  
and throwing it on the kitchen floors to clean with, -  
he was not paying attention and threw the hot  
Water under the counter, he did not see me on -

Inmate Committed Name (first middle last)

SID#

Housing Unit

Response/Action Taken: the other side and filled up both of my  
tennis-shoes with boiling water. Needless to  
spent the whole afternoon in the infirmary Attachment 8 ad  
feet in ice water. When leaving, the nurse Page 1  
what time I wanted to get my daily treat  
at 6 pm. and was issued a daily  
for treatments at 6 pm. and I received great care for three  
or four days until RN. Julie McCrae was on duty.

Date Received: \_\_\_\_\_ Referred To\*: \_\_\_\_\_

Date Answered: \_\_\_\_\_ Signature of Staff Member: cont.

\*If forwarded, please notify the inmate



**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

2 of 6

TO: \_\_\_\_\_ Date: 3-28-17

State your issue in detail: She was very rude and demanded to know why I was in the infirmary? I said, "I was there for a bandage change!" She said, "na - not that", "why are you here at 6 pm.?" I said, "I was given that time by the other nurses!" She said rudely, "you are supposed to be up here earlier in the day!" I explained, "that I was not responsible for issuing infirmary passes" and "the nurses in the days before made no complaints", "just you!" She said, "She - was gonna change my treatment times at 2:30 pm!" "I asked her to please leave me at 6 pm.?" She said, "No" very rudely and sent me out. The next day, I told another nurse what took place and ask her to please put me back at 6 pm. and she did. One week later on 6-10-15, when RN McCrae found out I changed the time back;

Inmate Committed Name (first middle last)

SID#

Housing Unit

Response/Action Taken: She summoned me to the infirmary VIA a specialized Black Sergeants Pass, in which I still have! She had one of the inmate workers hold the infirmary door open for me even though the waitroom was full of men ahead of me. She ATTACH - 8 2 at me for having another nurse change k at 6 pm. and she demanded me to change pg 2 ndage right then because, I was already 1 by her bad attitude that she was gonna re-injure my wounds!

Date Received: \_\_\_\_\_ Referred To\*: \_\_\_\_\_

Date Answered: \_\_\_\_\_ Signature of Staff Member: cont.

\*If forwarded, please notify the inmate

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

3 of 6

TO: \_\_\_\_\_ Date: 3-28-17

State your issue in detail: I tried to unwrap my bandage before she could injure me, but, the bandage I had on is Caban, much like an ace bandage except, Caban has self adhesive glue on it, I still had two full wraps around my foot and a gauze pad directly on my wound when RN. McCrae grabbed the Caban and pulled hard straight up causing the Caban to twist around my foot. Then the gauze pad had wadded up and together with this twisting motion, my bandage came loose very violently. Her abuse caused a piece of flesh to come off of my wound. She then realized what she had done once she seen the blood. She then tried to laugh and act as if she didn't just re-injure my wound.

Inmate Committed Name (first middle last)

SID#

Housing Unit

Response/Action Taken: She said, "look - theres no blood," as she hastily grabbed burn ointment and a rag to sop up the blood as she hastily put a crude bandage on and rush me out of the infirmary. There was no one else on duty I could speak to so, I returned to ATTch 8 I took a handful of aspirin. The nurse deathly explained what took place the and asked that nurse to please be

pg 3

Date Received: \_\_\_\_\_ Date 10\*: \_\_\_\_\_

Date Answered: \_\_\_\_\_ Signature of Staff Member: cant,

If forwarded, please notify the inmate

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

4 of 6

TO: \_\_\_\_\_ Date: 3-28-17

State your issue in detail: As a witness to the only bloody bandage I had and to date, these two nurses had changed most of my bandages up to date so, they could testify to no prior bloody bandages. Unfortunately my Medical file had been misplaced for about three days before this. So, I was very interested in having this bloody bandage into my file so, I could file a complaint on RN. McCrae for her re-injury of my wounds. I sent these two nurses Kytes as well as RN. McCrae, the nurses to remind them to please log it into my medical file, they said they would, RN. McCrae asking her "why"? I was gonna grieve RN. McCrae for her abuse in which, We only have 30 days from the day of the

Inmate Committed Name (first middle last)

SID#

Housing Unit

Response/Action Taken: incident. I sent a total of 5 Kytes to several different nurses and when my 30 days was near, I sent a follow up Kyte to the nurses to log this into my file when found. I then got ALL of my Kytes back with someone else's response on them, that the Attach 8 addressed these Kytes to Nurse Manager agee had responded on every one of pg4 telling me a liar.

Date Received: \_\_\_\_\_ Referred To\*: \_\_\_\_\_

Date Answered: \_\_\_\_\_ Signature of Staff Member: cant.

\*If forwarded, please notify the inmate

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

5 of 6

TO: \_\_\_\_\_ Date: 3-28-17

State your issue in detail: About what took place even though NM. Magee was not present the day of my abuse. The next day, I recieved a bogus write up from NM. Magee for 3 major offenses. The first was - False info to Staff-1., Campramising Staff-1., and Disobedience of an Order 1., once the hearing's officer seen ALL of my kytes when not anything abnormal to our designed Communications system here, he draped this bogus write up. This is how far NM. Magee was willing to go to keep me from speaking out about this abuse and he wanted nothing more than to cover this whole thing up through - Coercion ~~at~~ intimidation. I filed a complaint on RN McCrae and NM. Magee over a year

Inmate Committed Name (first middle last)

SID#

Housing Unit

Response/Action Taken: aga and now the Board of Nursing is attempting to cover this up claiming they never recieved my first complaint. I did not bother to send my first complaint registered mail, this is the Board of Nursing and I thought they were gonna be honest but they are very dishonest! They are all over Attack - 8 nurses to assault others in the future the abuse. It's a clean record!

P95

Date Received: \_\_\_\_\_

Date Answered: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_

cant.

\*If forwarded, please notify the inmate

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

6 of 6

TO: \_\_\_\_\_ Date: 3-28-17

State your issue in detail: After all, they have the Board of Nursing to cover up everything. Shame on them!!!  
 Several months after filing my first Complaint, I sent several letters to the Board looking into my complaints. I am sending you a copy of this detailed letter, of one of three I sent, that were very alarming to anyone accept the Board!  
 It's now my understanding that there is no appeal for my alarming complaints so, I am asking you to Please send me a complaint Packet for the Oregon State Board of Nursing?  
 OR an appeal if there is one? Thank You for Your Understanding! Dennis Sines

Inmate Committed Name (first middle last)	SID#	Housing Unit
Dennis Sines	12019691	C-212-B

Response/Action Taken: \_\_\_\_\_

P.S. My family has been calling your office leaving messages asking for this complaint Package and you have not returned there calls = not sure why?

Please send Packet to: Attack - 8  
 Dennis Sines 12019691  
 2605 State St. PS6  
 Salem, OR. 97310

Date Received: \_\_\_\_\_ Referred To\*: \_\_\_\_\_

Date Answered: \_\_\_\_\_ Signature of Staff Member: \_\_\_\_\_

\*If forwarded, please notify the inmate





# Oregon

Kate Brown, Governor

## Department of Corrections

Health Services  
2575 Center St. NE  
Salem, OR 97301-4667  
(503) 378-5593  
Fax (503) 378-5597



November 27, 2017

Dennis Gines, SID #12019691  
Oregon State Penitentiary  
2605 State St  
Salem, OR 97301

RE: Grievance Appeal OSP-2017-04-057AA

Dear Inmate Gines:

This letter is in response to the above referenced grievance appeal regarding your disagreement with your grievance responses which illustrates the role and managerial scope of C. Coffey, Medical Services Manager (MSM) at the Oregon State Penitentiary (OSP), as they pertain to her involvement in your attempted communications with members of the medical services team at OSP.

I have read your grievances and the responses and I am in agreement with Dr. DiGiulio. Ms. Coffey was within her scope of professional practice when she redirected/responded to communications that she found inappropriate. In your case, you were attempting to contact individual nurses and inquire about Board of Nursing actions against their coworkers. Furthermore, no evidence has been found to demonstrate OSP Medical Services has mistreated you or neglected your health care, or that there has been a conspiracy to cover up your allegations of mistreatment or neglect. Therefore, no actions will be made against Ms. Coffey or any other Medical Services employees due to your disagreement.

Health Service is committed to providing care that is respectful, compassionate, objective and non-judgmental. The best way for you to achieve your healthcare goals is to continue working with the Health Services staff. Please feel free to communicate your medical needs with the healthcare staff.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Bugher".

J. Bugher  
Health Services Administrator

NOTED

DEC 01 2 ATTACH

9

CC: A. Kidwell, Grievance Coordinator, OSP  
C. Coffey, RN, Medical Services Manager, OSP  
File

GRIEVANCE COOI

PG 1



Second Appeal

1 of 3

OSP-2017-04-057AA

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM. CaffeyFROM: Gines Dennis L.

Last Name

First

Initial

12019691

SID #

C-212-B

Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

I am appealing grievance appeal #OSP 2017-04-057A for your still continued attempts to cover up the re-injury I in fact had to endure from one of your nurses here at OSP infirmary! In your appeal response you state: "MSM is well within Ms. Caffey's scope of Professional Practice to identify and redirect any communications that take place between Patients and staff at OSP." You also state: "In this case, your attempts to contact individual nurses and inquire about Board of Nursing actions demonstrated impropriety, and MSM, C. Caffey intervened appropriately." You also state: I find that the original grievance response has addressed your concerns, and that there is no evidence of Mismanagement on the Part of C. Caffey. Again, Ms. Caffey's scope of Professional Practice to identify and cover up any Communications I have sent with my legitimate concerns, MSM, Caffey intervened to keep me from updating my records and from gaining evidence for my court actions. Also, these - cant.

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

Kytes and grievance are evidence of your illegal actions, you can ATTACH - 1 I Kyted to work elsewhere to keep me from sanity as a means of cover up. Cant.

IC  
Dai

Dist pg 2  
Orig  
File  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

Dennis Gines  
Inmate Signature  
RECEIVED

OCT 26 2017

GRIEVANCE COORDINATOR

2 of 3

OSP-2017-04-057AA

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM. CaffeyFROM: GINES Dennis L 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

And tampering with witnesses -  
You also state: Moreover, there is no evidence that OSP Medical services has demonstrated any mistreatment or neglect in regards of your care, or that OSP Medical Management team has engaged in any conspiracy to cover up allegations of mistreatment or neglect. "Wrong", starting the minute of my medical abuse, your untrained nurse who was mad at me for changing my schedule summoned me to the infirmary VI Block Sergeant's Pass by the nurse that caused my unnecessary Pain and suffering/assault and Battery. The Pass I still Passes has been stamped by the Medical Clock showing I was Present for one half hour. Yet, your untrained angry out of control nurse never put a notation in my medical record or Progress Notes because she knew she was in trouble for what she did, could not put that she intentionally ripped my bandage from my wound. But, I do have lots of evidence of cover up from ALL of your staff and you, the day of my re-injury I sent the untrained

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

nurse a 3 page Kyte with all the details concerns, I also sent a total of 6 K. T. several staff including Ms. Caffey with my a ATTACH 9 no of what took Place. Cant,

10.  
Date

Dennis Gines  
Inmate Signature

RECEIVED

OCT 26 2017

Distribu  
Original  
File Cop  
Inmate R  
Inmate Copy (Pink)

3 of 3

OSP-2017-04-057AA

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM CaffeyFROM: Gines Dennis L. 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

I also asked Ms. Caffey not to allow this nurse change any more of my bandages because my treatments had been extended for one more week the day before my re-injury and I refused to have her treat my wounds causing even more injury. I only have 30 days to grieve, when I never got any of my Kytes back, I sent follow up Kytes. It was then that I got ALL of my Kytes back with ~~my~~ <sup>their</sup> first attempts at cover up when, A nurse manager not mentioned responded to them all. The next day this nurse manager issued me a bogus DR. (write up) for trying to speak out, this DR (write up) was dropped as it should have been but, there is no limits for how far you are willing to go to cover up the abuse. Because you chose not to believe my legitimate claims of abuse, you allowed her to continue working here for several months after to harm others. I have grieved a total of 3 medical staff for continuing to cover up the abuse and "yes", I do have evidence of your medical management teams conspiracy to cover up abuse, mistreatment!

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

I want MSM. Caffey to be reprimanded by OSBN, OSP, ODOC for her continued attempts of covering up medical abuse. I am attaching H & R. H. y  
I also want a lie detector tests performed on ATTACH 9 my

10-24-17  
Date

Dennis  
Inmate Sig

RG 4

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

# OREGON DEPARTMENT OF CORRECTIONS

## INMATE COMMUNICATION FORM

TO: Medical / Hughes Date: 3-14-17

State your issue in detail: Hello ma-am, my name is Dennis Gines  
and you probably don't remember me! Can you please tell  
me if the Oregon State Board of Nursing has contacted  
you in regards of me? Thank you for your time!

Respects - Dennis Gines

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

C-212-B

Response/Action Taken:

Mr. Ginos - your Kyle is inappropriate  
if you made a complaint the  
board would go as appropriate.  
Please do not make similar remarks  
in the future.

Date: 3/16/17

Initials: MM

Date Received:

Referred To\*:

Date Answered:

3/17/17

Signature of Staff Member:

[Signature]

If forwarded, please notify the inmate

Attach

9

P95

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

TO: Medical /OSP Date: 3-8-17

State your issue in detail: Wella, I recently recieved same documents from OSBN. and I need to let RN. Whitney Hughes read them so she can brought up the speed. Miss Hughes has int done anything wrong but, this is important she read - these! Thank you!

Respects - Dennis Gines!

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

C-272-B

Response/Action Taken:

you can attach them to  
a Ryt

**Triaged**

Date: 3/9/17  
 Initials: AS

ATTACH

Date Received: \_\_\_\_\_ R

Date Answered: 3/10/17 Sig PS 6

\*If forwarded, please notify the inmate

Coffeyca  
RN

CD 214 (12/04)



**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

Triaged

Date: 4-12-17  
Initials: 2TO: Medical - Coffey - OSPDate: 4-10-17

State your issue in detail:

You intercepted and interfered with two  
Kytes I recently sent to other Staff member, other than you!

One Kyte addressed to RN Hughes stated, "Hello Ma'am, you  
Probably don't remember me!" Can you Please tell me if the  
Oregon State Board of nursing has contacted you in regards  
of me? Thank you for your time!" Respects - Dennis Ginos!"

In your response you state, "My Kyte is inappropriate" and  
the middle of your response is unedgible - unclear, it then  
states, "Please don't make similar moves in the future?" How is my  
Kyte with my legitimate medical history concense inappropriate  
Please explain, (see copy of Kytes attached)?? Also, is this your  
continued attempts to cover up the medical abuse I in fact  
had to endure at the hands of another OSP medical staff?

By announcing my Kytes as "inappropriate"? Please explain?

Inmate Committed Name (first middle last)

Dennis Ginos

SID#

12019691

Housing Unit

C-212-B

Response/Action Taken:

I stated your mailing is  
inappropriate. You are free to make  
complaints to the nursing board.  
however you mailing to staff if they  
have been interviewed should not  
occur.

DTT

Date Received:

Date Answered:

4/13/17

PG

If forwarded, please notify the inmate





# Oregon

Kate Brown, Governor

## Department of Corrections

Health Services  
2575 Center St. NE  
Salem, OR 97301-4667  
(503) 378-5593  
Fax (503) 378-5597



October 13, 2017

Dennis Gines, SID #12019691  
Oregon State Penitentiary  
2605 State St  
Salem, OR 97301

RE: Grievance Appeal OSP-2017-04-057A

Dear Inmate Gines:

This letter is in response to the above referenced grievance appeal regarding your disagreement with the original grievance response which illustrates the role and managerial scope of C. Coffey, Medical Services Manager (MSM) at the Oregon State Penitentiary (OSP), as they pertain to her involvement in your attempted communications with members of the medical services team at OSP.

As an MSM, it is well within Ms. Coffey's scope of professional practice to identify and redirect any communications that take place between patients and staff at OSP. In this case, your attempts to contact individual nurses and inquire about Board of Nursing actions demonstrated impropriety, and MSM C. Coffey intervened appropriately. I find that the original grievance response has addressed your concerns accurately, and that there is no evidence of mismanagement on the part of C. Coffey.

Moreover, there is also no evidence that OSP Medical Services has demonstrated any mistreatment or neglect in regards to your care, or that the OSP Medical Management Team has engaged in any conspiracy to cover up allegations of mistreatment or neglect.

Health Services is committed to providing care that is respectful, compassionate, objective and non-judgmental. Please continue to work with the healthcare staff regarding your medical needs.

Sincerely,

C. DiGiulio, M.D.  
Deputy Medical Director

CC: A. Kidwell, Grievance Coordin  
C. Coffey, RN, Medical Service  
File

ATTACH

pg 8

NOTED

OCT 20 2017

GRIEVANCE COORDINATOR

First appeal

1 of 3

## GRIEVANCE APPEAL FORM

OSP-2017-04-057A

## TO BE FILLED OUT BY INMATE

TO: M. SM. CafferyFROM: GINGS DENNIS L.

Last Name

First

Initial

12019691

SID #

C-212-B

Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

I am appealing grievance response #OSP 2017-04-057 for you still continued attempts to cover up the re-injury I in fact had to endure from one of your nurses here at OSP infirmary. In your response you state: "medical services Manager (MSM) - Caffery has responded to your written communications promptly and respectfully, and provided directives which are well within her scope of as a medical services supervisor. These communications you mention are addressed to another staff, not you, your directives was given to keep me from contacting this nurse with my valid concerns. Your directives are well within your cover up! You also state her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a registered nurse under her supervision! That there is nothing wrong with my communications, you claim there inappropriate as a cover up directive! And from cant,

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

updating my records, you hoped I would send another kyle so you could then give me another STACH as you write up for my attempts like before! cant.

9-13-17  
Date

vis Gings  
Signature RECEIVED

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

SEP 14 2017

CD 1176 (10/03)  
GRIEVANCE COORDINATOR

First Appeal

2 of 3

OSP-2017-04-057A

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: M.S.M. CaffeyFROM: GINES DENNIS L. 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

You also state: Although you are entitled to voice complaints about the services you received within DOC, ~~or Oregon legal system~~, through the formal grievance process, Oregon State Board of Nursing, or Oregon legal system, you are not entitled to address investigatory inquiries directly with DOC staff members. I have rights by rule and law to follow up any complaints or grievances I have filed!! you also state: there is no evidence which suggests that Mrs. M. Caffey has attempted to cover up any medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempts interaction with DOC staff. You are wrong, I have lots of evidence IE. Kyles addressed to another staff with my valid question, "Did the Board of Nursing contact you in regards of me"? These Kyles were intentionally intercepted by you, covered up by the directive. Also as evidence, you transferred the nurse & Kyles out of OSP infirmary to work elsewhere to keep me from contacting her cant,

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

Personally, tampering with witnesses by transferring her out of OSP, Kyles with directives designed to keep me from exhausting my remedies, you fired the nurse attack my pain & suffering!!

9-13-17  
Date

unis Sims RECEIVED  
Inmate Signature

SEP 14 2017

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Inmate Copy (Pink)

pg 16

GRIEVANCE COORDINATOR  
CD 117c (10/03)

3063  
GRIEVANCE APPEAL FORM

OSP-2017-04-057A

TO BE FILLED OUT BY INMATETO: msm CaffeyFROM: GINES DENNIS L.

Last Name

First

Initial

12019691

SID #

C-212-B

Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

Actions to take:

I would like MSM Caffey to be reprimanded by Oregon State Board of Nursing, DSP, ODOC for her still continued attempts of cover up. I also want a lie detector test performed on me and everyone involved in my case to prove my claims!!!

Thank You!

[Signature]

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

ATTACH

Pg 11

9

Dennis Gines  
Inmate Signature

RECEIVED

SEP 14 2017

Original  
File Copy - Sent  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

Yellow)

CB17-194031 GRIEVANCE COORDINATOR

**GRIEVANCE RESPONSE FORM****TO BE FILLED OUT BY STAFF****Grievance #**      **OSP 2017-04-057**

TO: Gines, Dennis      #12019691  
Inmate/Client Name      Institution #

FROM: B. Magee, RN, NM  
Staff Member

1. List, in detail, action(s) taken. (What action was taken? Was the action what the client requested? If not, why? Who took the action? When was the action taken – date/time?)

Sir,

I have read your grievance and researched your complaint. Medical Services Manager (MSM) Carrie Coffey has responded to your written communications promptly and respectfully, and provided directives which are well within her scope as a medical services supervisor. Her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a Registered Nurse under her supervision. Although you are entitled to voice complaints about the services you receive within the DOC through the formal grievance process, Oregon Board of Nursing, or Oregon legal system, you are not entitled to address investigatory inquiries directly with a DOC staff member. If an inquiry is to be conducted, it will be conducted between the official investigatory office or representative and the staff member(s) in question. There is no evidence which suggests that MSM C. Coffey has attempted to "cover up" any medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempted interactions with DOC staff. Please continue to work with health services regarding your medical concerns.

Thank you.

Do Not Type Past This Line

Date:

6/23/17

Signature of Staff Member

*B. Magee, RN, NM*

Signature of Supervisor

*[Signature]*

ATTch

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Resubmitted

Grievance # OSP 2017-04-057

Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 / 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I am grieving nurse manager Camie Coffey for her continuous attempts to cover up the re-injury I sustained from one of her nurses here at O.S.P. in firmway as follows. NM Coffey has several nurses working under her authority. One of her nurses re-injured my leg wound during my daily bandage treatments intentionally. I filed a medical complaint on this nurse with the Oregon State Board of Nursing, mentioning another nurse as my witness. Unfortunately the Board denied my legitimate complaints as a cover up. I sent one Kyle on 3-8-17 to this witness asking her to please call me to the

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cant. infirmary said could show her these documents NM Coffey intercepted this Kyle and gave me a directive to attach them to a Kyle!!

5-27-17  
Date

Dennis Gines  
Inmate Signature

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Date Stamp

For grievance information see back page



Resubmitted

2 of 4

Grievance #

OSP-2017-04-057

Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-12-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I sent this witness another Kyte addressed to her asking one question only, "Can you please tell me if the Board of Nursing has contacted you in regards of me?" RN. Caffery again intercepted this communication. From, she responded saying "my Kyte is inappropriate", too, "not to make similar moves in the future!" When all I was doing was to follow up on my legitimate medical complaints. I then sent RN. Caffery a Kyte that was actually addressed to her asking, "how is this inappropriate with my legitimate medical history concerning my Kytes?" I also asked her by her directive not to make similar moves in the future just continued came up of my Re-injury?" In her response, she fails to answer my cover up questions. But, I have a right to use our Kyte system.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

can't.  
 moves in the future just continued came up of my Re-injury?" In her response, she fails to answer my cover up questions. But, I have a right to use our Kyte system. can't.

5-22-17

Date

Dennis Gines

Inmate Signature

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pg 14

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Resubmitted

Grievance # QSP-2017-04-057

Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Our Kyles also have "Name" as a requirement for addressing them to a specific staff member. Moreover, I am required by rule to document and preserve any grievance or Board claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120(4) states "that staff should make every effort to respond to an inmate communication form within seven days of receipt." It does not say that other staff should intervene in the communications. However, NM. Caffery has continued to intervene. did not allow this process to occur. Instead, NM. Caffery directly ordered me not to communicate with staff, thereby in violation a cant.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

the aforementioned rule for my legitimate efforts to have my medical records updated accurately. The other staff members are quite capable of answering Kyles addressed to them!

5-27-17  
 Date

BT/psch

13 nmw Davis  
 Signature

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MAY 31 2017

GRIEVANCE COORDINATOR  
 Date Stamp

Resubmitted

Grievance #

OSP 2017-04-057

Staff Use Only

## GRIEVANCE FORM

Inmate: BINES DENNIS L 12019691 C-212-13  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Battam line is, NM. Caffey knows I am working on my legal options and will do anything she needs to, to keep this issue covered up like announcing my legitimate Kytes as "inappropriate" and her directives "not to make similar moves in the future!"

Action I want taken: NM. Caffey needs to be reprimanded for continued attempts to cover up the other inmates wrong doing. She also needs imagine training on how to properly use and return only Kytes addressed to her, got other staff -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

can

members answer their Kytes in the future and stay clear of cover ups! See all three Kytes attached as Proof of her deceptions, corruptions, unprofessionalism.

3-27-17  
 Date

Dennis Bines  
 Inmate Signature

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MAY 31 2017

GRIEVANCE COORDINATOR

Date Stamp

Date Stamp

Returned for corrections

Grievance # \_\_\_\_\_

Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

1 of 3

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4 pm.

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Almost 2 years ago, I was badly burnt on both feet while working my shift as OSP. Kitchen as another untrained inmate took five gallon bucket of boiling water out of the steam Kettles, used to cook food, throwing the hot water on the floor to clean with. He was not paying attention as he threw the hot water on both of my feet leaving me with burns that took over 21 days to heal. I received great care from daily treatments at 6 pm. for about one week until N. McNeal was on duty, and I was there at 6 pm, very sick, insisting on 230 treatments against my request. The next day I asked another nurse on duty to put me back at 6 pm, she did. I got great care again for another week until this nurse found out, she was so mad at me she had me specially called

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

to the infirmary VIA Block Sergeant Pao, hours before my scheduled treatment. She had a guy hold the infirmary door for me to enter so she started to yell at me for going above her head having my schedule changed.

4-12-17

Date

Dennis Gines

Inmate Signature

CONT.

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Grievance # \_\_\_\_\_

Staff Use Only

**GRIEVANCE FORM**

Inmate: GINES DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

2 of 3

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 - 4 PM.

List in detail the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Under mindling her! still yelling, rude, she demanded I let her change my bandage right then. I sensed her bad attitude, tried to unwrap my bandage before she could touch me, she grabbed my bandage, intention pulled it straight up causing my Caban bandage to twist around my foot as she tore flesh from my wound, made it bleed. I filled a complaint on her with the Oregon State Board of Nursing, they claim I got same treatment which is completely wrong, they are attempting to cover up the medical abuse I in fact had to endure! I mention another nurse, my complaint as a witness, recently sent her two Kytes with my legitimate medical history concense on them and I got them back with nurse -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

manager Cary Coffey's response on them, deaming my Kytes as inappropriate the middle part of his response is completely unledgable-unclear, it goes on to give me a directives to -

4-12-17

Date

Dennis Gines

Inmate Signature

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Receiving Facility  
(if not processing facility)

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Grievance # \_\_\_\_\_

Staff Use Only

**GRIEVANCE FORM**

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

3 of 3

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4 pm,

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Please do not make similar moves in the future! All I put on my Kyte is, "Has the Board of Nursing contacted you in regards of me?" This Kyte is dated 3-17-17, attached for you to see I have not done anything wrong nor was I making any moves as she says. The only reason Miss Caffery has given me such directives is because she is attempting to cover up the medical abuse I endured by drawing my legitimate Kytes as inappropriate to keep me from speaking out. She is also interfering with my access to our Kyte system she is also tampering with a witness, gave this witness a directive to not speak out in my behalf! This directive also sets me up for a bogus DR. Write up in the future!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Miss Caffery needs to stop intercepting my Kytes addressed to others and she needs to be reprimanded for tampering with witnesses, she needs proper training in actual inmates. Kyte!!! See Kyte attached

4-12-17

Date

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Date Stamp

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pg. 1 of 5

Grievance # \_\_\_\_\_

Staff Use Only

**GRIEVANCE FORM**

Inmate: Gines Dennis L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 / 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I am grieving nurse manager Carey Coffey for her continued attempts to cover up a very serious re-injury I received from one of her nurses in the Oregon State Pen. infirmary as followed! I was originally badly burnt on both feet while working my shift in the OSP culinary department when another inmate took five gallon buckets of boiling water from the steam kettle (used to cook food), throwing it on the floor to clean the floors with he threw the water on both of my feet causing over 21 days to heal. The night of my burn, I was issued a "Daily Pass" for 60 days by nursing staff, got great care for the first 4 days until, RN. Dorene was on duty and very rude and mean because I was there at 6 PM.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

her treatments. she was insistant on changing the time to 2:30 pm. even after my repeated requests to have me at 6:00 pm. The next day, I asked another nurse to please put me back in 6:00 pm. schedule?

5-5-17

Date

ATTACK

is Dorene cont,

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pg 2 of 5

Grievance # \_\_\_\_\_

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## GRIEVANCE FORM

Inmate: GIMES DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 / 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

And she put me back on 6pm schedule, again, I got great care with no complaints from staff for one more week until RN McEneaney was on duty and seen me in the waiting room as she was getting off of work. The next day, I was summoned to the infirmary by nurse McEneaney at 2:30 pm. VTA "Black Sargents Pass". She had the door held open by an inmate, as I entered, she was very mad I had my schedule change against her wishes, claimed I undermined her authority, demanded I get my bandage changed right then. With her bad attitude, I tried to un-wrap my bandage before she could touch or injure me but she did indeed grab my bandage and pull it straight up –

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

causing my bandage to spin around my foot until it shaped loose empty causing me to bleed and re-injured my foot.

cant.

5-8-17  
Date

Attach Dennis Gimes

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Grievance # \_\_\_\_\_

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## GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I filed both a grievance, complaint with the Oregon State Board of Nursing and I mention RN Hughes as my witness so, after the Board claims they found nothing wrong with ripping off someone's bandages, sent me a denial, I sent RN Hughes a Kyte asking first for her to call me up so, I could let her read my complaint denial dated 3-8-17, Cary Caffey then responded on her Kyte, so, I sent RN Hughes a second Kyte asking one question only, "Did the Board of nursing contact you in regards of me"? NM Cary Caffey again responded dated 3-14-17, she claims my Kytes are inappropriate, gives me

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

a directive to not make similar moves in the future. I sent NM Caffey a Kyte that was actually addressed to her asking "how is this inappropriate" with my legitimate medical history – sent

5-5-17

Date

Dennis Gines

Signature

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Date Stamp

Grievance #

Staff Use Only

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GRIEVANCE FORM

Inmate: GINKS DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance 5-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

concerns on my Kyles? The only reason you claim my Kyles are inappropriate is just another one of your continued attempt to cover up the medical abuse I in fact had to endure by nurse McCane by keeping me from speaking out to other staff members. Also, you have given staff directives not to talk to me as well! Moreover, I am required by rule to document and phrase my grievance or Board claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120, OAR 291-109-0124 states that, "staff should make every effort to respond to an inmate communication form within seven days of receipt!"

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

It does not say that other staff should intervene in the communications.

cont.

5-5-17

Date

Attach

Dennis Ginks

re

9

## Distribution:

- White (Original grievance form)  
 Yellow (Grievance file copy)  
 Pink (Inmate receipt after processed)  
 Goldenrod (Inmate copy)

pg 22

Received at Processing Facility

Date Stamp

Date Stamp

For grievance information see back page



5 of 5

Grievance # \_\_\_\_\_

Staff Use Only

**GRIEVANCE FORM**

Inmate: GIMES DENNIS L 12019491 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4 10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

However, NM. Coffey has continued to intervene in the cover up, and did not allow this Process to occur. Instead, nurse manager Coffey directly ordered me not to communicate with staff, thereby in violation of the aforementioned rule for my legitimate efforts to have my medical records updated – accurately! The other medical staff are quite capable of answering their Kytes addressed to them but, NM. Coffey knows I am working on my legal options and will do anything to keep this issue covered up like answering my Kytes as "inappropriate"! Period!!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

NM. Coffey needs to be reprimanded for her cover up attempts, she needs training on how to properly use and return Kytes that are addressed to her only! See all three Kytes attached as Proof of her deceptions, corruption.  
5-5-17 Let staff answer in the future ATTACH Dennis Gimes  
 Date Signature  
 Clear of cover

Distribution:

- White (Original grievance form)  
 Yellow (Grievance file copy)  
 Pink (Inmate receipt after processed)  
 Goldenrod (Inmate copy)

For grievance information see back page

Date Stamp

Date Stamp

# OREGON DEPARTMENT OF CORRECTIONS

## INMATE COMMUNICATION FORM

TO: Medical / HughesDate: 3-14-17

State your issue in detail: Hello ma-am, my name is Dennis Gines and you probably don't remember me! Can you please tell me if the Oregon State Board of Nursing has contacted you in regards of me? Thank you for your time!

Respects - Dennis Gines!

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

C-212-B

Response/Action Taken:

Mr. Ginos - your kyle is inappropriate if you made a complaint the board would go as appropriate. Please do not make similar requests in the future.

Triage Date: 3/16/17  
Initials: MM

ATTACH

9

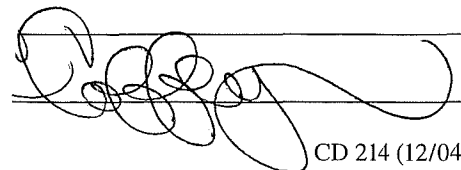
24

Date Received:

Date Answered:

3/17/17

Signature of \_\_\_\_\_



If forwarded, please notify the inmate

CD 214 (12/04)



# OREGON DEPARTMENT OF CORRECTIONS

## INMATE COMMUNICATION FORM

TO: Medical /OSPDate: 3-8-17

State your issue in detail: Hella, I recently recieved same documents from OSBN. and I need to let RN. Whitney Hughes read them so she can brought up to speed. Miss Hughes has int done anything wrong but, this is important she read - these! Thank You!

Respects - Dennis Gines!

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

C-212-B

Response/Action Taken:

as Rytbyou can attach them to**Triaged**Date: 3/9/17Initials: ASATTACHpg 25

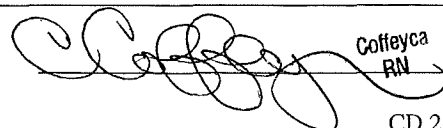
Date Received:

Referred To\*:

Date Answered:

3/10/17

Signature of Staff Member:


Coffeyca  
RN

\*If forwarded, please notify the inmate

CD 214 (12/04)

## OREGON DEPARTMENT OF CORRECTIONS

## INMATE COMMUNICATION FORM

Triaged

Date: 4-12-17  
Initials: 2

TO: Medical - Coffey - OSP

Date: 4-10-17

State your issue in detail:

You intercepted and interfered with two Kytes I recently sent to other staff member, other than you!

One Kyte addressed to RN. Hughes stated, "Hello Ma'am, you probably don't remember me!" Can you please tell me if the Oregon State Board of nursing has contacted you in regards of me? Thank you for your time! Respects - Dennis Ginos!

In your response you state, "My Kyte is inappropriate" and the middle of your response is unlegible - unclear, it then states, "Please don't make similar moves in the future?" How is my Kyte with my legitimate medical history concern inappropriate? Please explain, (see copy of Kytes attached)? Also, is this your continued attempts to cover up the medical abuse I in fact had to endure at the hands of another OSP medical staff? By announcing my Kytes as "inappropriate"? Please explain?

Inmate Committed Name (first middle last)

SID#

Housing Unit

Dennis Ginos

12019691

C-212-B

Response/Action Taken:

As stated your moving is inappropriate. You are free to make complaints to the nursing board. However your moving to staff if they have been interviewed should not occur.

ATTACH

26

Date Received:

Date Answered:

4/13/17

If forwarded, please notify the inmate

CD 214 (12/04)

Grievance # OSP-2017-04-057

Staff Use Only

**GRIEVANCE FORM**

Inmate: GINES DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4 pm.

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Almost 2 years ago, I was badly burnt on both feet while working my shift at 25P. Kitchen as another untrained inmate took five gallon buckets of boiling water out of the steam Kettles, used to cook food, throwing the hot water on the floors to clean with. He was not paying attention as he threw the hot water on both of my feet leaving me with burns that took over 21 days to heal. I received great care from daily treatments at 6pm. for about one week until N. McCas was on duty, mad I was there at 6pm, very rude, insistent on 2:30 treatments against my request. The next day I asked another nurse on duty to put me back at 6pm, she did. I got great care again for another week until this nurse found out, she was so mad at me she had me specially called.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

to the infirmary via "Black Sargeants Pass", hours before my scheduled treatments. She had a guy hold the infirmary door for me to enter as she started to yell at me for going above her head having my schedule changed.

4-12-17

Date

**RETURNED****APR 26 2017****GRIEVANCE COORDINATOR**

Distribution:

White (Original grievance form)

Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

For grievance information see back page

Dennis Gines

Inmate Signature

CONT.

Receiving Facility  
(if not processing facility)

ATTACH Receiving Facility

Date Stamp

Grievance # OSP-2017-04-057  
Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L. 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

2 of 3

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☐ The lack of an administrative directive or operational procedure
- ☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- ☒ Any oversight or error affecting an inmate
- ☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- ☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- ☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 - 4 pm.

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen - date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Under mindling her! still yelling, rude, she demanded I let her change my bandage right then. I sensed her bad attitude, tried to unwrap my bandage before she could touch me, she grabbed my bandage, intention pulled it straight up causing my Caban bandage to twist around my foot as she tore flesh from my wound, made it bleed. I filled a complaint on her with the Oregon State Board of nursing, they claim I got same treatment which is completely wrong, they are attempting to cover up the medical abuse I in fact had to endure! I mention another nurse, my complaint as a witness, recently sent her two Kytos with my legitimate medical history concense on them and I got them back with nurse -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

manager Cary Caffey's response on there, dearning my Kytos as inappropriate the middle part of her response is completely unledgable - unclear, it goes on to give me a directives to -

4-12-17

Date

RETURNED

APR 26 2017

Distribution:

White (Original grievance form)

Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

GRIEVANCE COORDINATOR

For grievance information see back page

Dennis Gines

Inmate Signature

cont.

Receiving Facility  
(if not processing facility)

Attach

Facility

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pg 28

Date Stamp



Grievance # OSP-2017-04-057  
Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

3 of 3

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☐ The lack of an administrative directive or operational procedure
- ☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- ☒ Any oversight or error affecting an inmate
- ☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- ☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- ☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4 pm.

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Please do not make similar moves in the future! All I put on my Kyte is, "has the Board of nursing contacted you in regards of me?" This Kyte is dated 3-17-17, attached for you to see I have not done anything wrong nor was I making any moves as she says. The only reason Miss Caffery has given me such directives is because she is attempting to cover up the medical abuse I endured by drawing my legitimate Kytes as inappropriate to keep me from speaking out. She is also interfering with my access to our Kyte system she is also tampering with a witness, gave this witness a directive to not speak out in my behalf! This directive also sets me up for a bogus DR. Write up in the future!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Miss Caffery needs to stop intercepting my Kytes addressed to others and she needs to be reprimanded for tampering with witnesses, she needs proper training in actual inappropriate Kytes!!! See Kytes attached

4-12-17

Date

RETURNE

APR 26 2017

GRIEVANCE COORDINATOR

## Distribution:

White (Original grievance form)

Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

For grievance information see back page

Dennis Gines

Signature

Date

Received at Processing Facility

RECEIVED

APR 14 2017

GRIEVANCE COORDINATOR

Date Stamp

Date Stamp

my copy



# Oregon Department of Corrections (ODOC)

## Oregon State Penitentiary

### Returned Grievance Form

**To:** Gines, Dennis  
**From:** Kidwell, A

**SID #:** 12019691  
**Date:** 05/22/2017

**Cell:** OSP:C-212B

**Re:** Medical# OSP\_2017\_04\_057

The grievance you submitted is being returned to you due to non-compliance with the Department of Corrections (DOC) Rule #109 (Grievance Review System) for the following reason(s):

291-109-0140

Grievance Review System

(1) General Requirements: (d) An inmate grievance may request review of **just one matter**, action or incident per inmate grievance form.

There are multiple issues addressed in your resubmitted grievance. If the grievance issue is in regards to medical treatment from RN McCrae; the narrative needs to be only for that. If the grievance issue is in regards to the handling and answers of your inmate communication form; the narrative needs to be only for that. Please refrain from a narrative that outline a lengthy situation involving and addressing multiple different issues and people. Simply put, grieve the one person and the one issue.

A grievance that has been returned to the inmate by the grievance coordinator for procedural reason cannot be appealed. The inmate may elect to resubmit the grievance to the grievance coordinator within 14 calendar days from the date the grievance was sent back to the inmate if the procedural errors can be corrected. **IF THE GRIEVANCE IS RESUBMITTED WITH CORRECTIONS, PROVIDE THIS FORM WITH THE GRIEVANCE**

If you have any questions regarding grievances, please refer to the Department of Corrections Administrative Rule "Inmate Communication and Grievance Review System" tab #109 located in the Legal Library.

ATTACH 9

pg 30



Resubmit

pg. 1 of 5  
Grievance # OSP-2017-04-057  
Returned for corrections  
**GRIEVANCE FORM**  
Staff Use Only

Inmate: GINES DENNIS L 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 / 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I am grieving nurse manager Carey Coffey for her continued attempts to cover up a very serious re-injury I received from one of her nurses in the Oregon State Pen. infirmary as followed! I was originally badly burnt on both feet while working my shift in the OSP ordinary department when another inmate took five gallon buckets of boiling water from the steam kettle (used to cook food), throwing it on the floor to clean the floors with, he threw the water on both of my feet causing over 21 days to heal. The night of my burn, I was issued a "Daily Pass" for 61 by nursing staff, got great care for the first 4 days until, RN. Dorene was on duty and very rude and mad because I was there at 6 PM.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

for treatments. She was insistent on changing the time to 2:30 pm, even after my repeated requests to leave me at 6:00 pm. The next day, I asked another nurse to please put me back at 6:00 pm. schedule 7

5-5-17

Date

ATTACH

Dennis Gines cont.  
Signature

Distribution:  
 White (Original grievance form)  
 Yellow (Grievance file copy)  
 Pink (Inmate receipt after processed)  
 Goldenrod (Inmate copy)

RETURN PS 31  
 MAY 22

GRIEVANCE COORDINATOR

Date Stamp

Received at Processing Facility

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MAR 08 2017

GRIEVANCE COORDINATOR  
 Date Stamp

For grievance information see back page

Resubmit

PG 2 of 5  
 returned for corrections  
 Grievance # OSP-2017-04-057  
 Staff Use Only

## GRIEVANCE FORM

Inmate: GINKS DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☐ The lack of an administrative directive or operational procedure
- ☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- ☒ Any oversight or error affecting an inmate
- ☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- ☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- ☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 / 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

And she put me back on 6 pm. schedule, again, I got great care with no complaints from staff for one more week until, RN. McKee was on duty, and seen me in the waiting room as she was getting off of work. The next day, I was summoned to the infirmary by nurse McKee at 2:30 pm. VIA "Black Sargeants Pass". She had the door held open by an inmate, as I entered, she was very mad I had my schedule change against her wishes, claimed I undermined her authority, demanded I get my bandage changed right then. With her bad attitude, I tried to unwrap my bandage before she could touch or injure me but, she did indeed grab my bandage and pull it straight up –

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

causing my bandage to spin around my foot until it snapped loose empty causing me to bleed and re-injured my foot.

cont.

5-5-17

Date

Dennis Ginks  
 Inmate Signature

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MAY 22 2

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Distribution:

White (Original grievance form)  
 Yellow (Grievance file copy)  
 Pink (Inmate receipt after processed)  
 Goldenrod (Inmate copy)

GRIEVANCE COOP

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Received at Processing Facility

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MAR 08 2017

GRIEVANCE COORDINATOR

Date Stamp

For grievance information see back page

Resubmit

Grievance # OSP-2017-04-057

Staff Use Only

3 of 5  
 returned for corrections

# GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I filed both a grievance, complaint with the Oregon State Board of Nursing and I mention RN. Hughes as my witness so, after the Board claims they found nothing wrong with ripping off someone's bandages, sent me a denial, I sent RN Hughes a Kyte asking first for her to call me up so, I couldn't let her read my complaint denial dated 3-8-17, Carry Coffey then responded on her Kyte, so, I sent RN. Hughes a second Kyte asking one question only: "Did the Board of nursing contact you in regards of me"? NM. Carry Coffey again responded dated 3-14-17, she claims my Kytes are inappropriate, gives me

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

a directive to not make similar moves in the future. I sent NN Coffey a Kyte that was actually addressed to her asking "how is this inappropriate" with my legitimate medical history – can

5-5-17

Date

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MAY 22 2017

GRIEVANCE COORDINATOR

Inmate Signature

Dennis Gines
 Receiving Facility  
 (if not processing facility)

Received at Processing Facility

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MAR 08 2017

GRIEVANCE COORDINATOR

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For grievance...



Resubmit

Grievance # OSP 2017-04-057  
Staff Use Only4015  
GRIEVANCE FORMInmate: GINGS DENNIS L 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☐ The lack of an administrative directive or operational procedure
- ☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- ☒ Any oversight or error affecting an inmate
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- ☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- ☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

concerned on my Kyles? The only reason you claim my Kyles are inappropriate is just another one of your continued attempt to cover up the medical abuse I in fact had to endure by nurse McCane by keeping me from speaking out to other staff members. Also, you have given staff directives not to talk to me as well! Moreover, I am required by rule to document and prove any grievance or Board claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120 states that, "staff should make every effort to respond to an inmate communication form within seven days of receipt!"

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

It does not say that other staff should intervene in the communications.

cont.

5-5-17

ATTACH

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MAY 22 2017

GRIEVANCE COORDINATOR

Dennis Gings

Inmate Signature

Receiving Facility  
(if not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

MAR 08 2017

GRIEVANCE COORDINATOR

Date Stamp

For grievance information see back page

Resubmit

5 of 5

Grievance # OSP-2017-04-057

Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

However, N.M. Coffey has continued to intervene in the cover-up, and did not allow this Process to occur. Instead, Nurse manager Coffey directly ordered me not to communicate with staff, thereby in violation of the aforementioned rule for my legitimate efforts to have my medical records updated accurately! The other medical staff are quite capable of answering their Kyles addressed to them but, N.M. Coffey knows I am working on my legal options and will do anything to keep this issue covered up like announcing my Kyles as "inappropriate"!  
Period!!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

N.M. Coffey needs to be reprimanded for her cover up attempts, she needs training on how to properly use and return Kyles that are addressed to her only! See all three Kyles attached as Proof of her deceptions, corruption.  
5-5-17 Let staff answer their Kyles - Dennis Gines  
 Date ATTACK 9 time and stay men up! Inmate Signature

Distribution  
 White (Orig)  
 Yellow (Gr)  
 Pink (Inmat)  
 Goldenrod

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2 2 2017

For grievance information see back page

GRIEVANCE COORDINATOR

Receiving Facility  
 (if not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

MAR 08 2017

GRIEVANCE COORDINATOR

Date Stamp

Resubmitted

Grievance # OSP 2017-04-057

Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L. 12019691 C-217-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 / 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I am grieving nurse manager Carrie Caffey for her continuous attempts to cover up the re-injury I sustained from one of her nurses here at OSA infirmary as follows. NM. Caffey has several nurses working under her authority. One of her nurses re-injured my hand wound during my daily bandage treatments intentionally. I filed a medical complaint on this nurse with the Oregon State Board of Nursing, I mention another nurse as my witness. Unfortunately the Board denied my legitimate complaints as a cover up. I sent one Kyte on 3-8-17 to this witness asking her to please call me to the

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

infirmary said could show her these documents. NM. Caffey intercepted this Kyte and gave me a directive "to attach them to a Kyte"!!

5-27-17

Date

Dennis Gines  
 Inmate Signature

## Distribution:

White (Original grievance form)  
 Yellow (Grievance file copy)  
 Pink (Inmate receipt after processed)  
 Goldenrod (Inmate copy)

Receiving Facility  
 (receiving facility)

Received at Processing Facility

RECEIVED

MAY 31 2017

GRIEVANCE COORDINATOR

Stamp

For grievance information see back page



2 of 4

Grievance #

Resubmitted  
OSP-2017-04-057

Staff Use Only

## GRIEVANCE FORM

Inmate: GIVES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen - date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I sent this witness another Kyte addressed to her asking one question only, "Can you please tell me if the Board of Nursing has contacted you in regards of me?" RN. Coffey again intercepted this communication. From, she responded saying "my Kyte is inappropriate", too, "not to make similar moves in the future!" When all I was doing was to follow up on my legitimate medical complaints, I then sent RN. Coffey a Kyte that was actually addressed to her asking, "how is this inappropriate with my legitimate medical history concerning my Kytes?" I also asked her by her directive not to make similar -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

moves in the future just continued cover up of my Re-injury?" In her response, she fails to answer my cover up questions. But, I have a right to use our Kyte system. cont.

5-27-17  
Date

Dennis DTBch 9  
Inmate Signature

Receiving Facility  
(if not processing facility)

Distribution:  
 White (Original grievance form)  
 Yellow (Grievance file copy)  
 Pink (Inmate receipt after processed)  
 Goldenrod (Inmate copy)

For grievance information see back page

Date Stamp

GRIEVANCE COORDINATOR  
Date Stamp

Resubmitted

3 of 4

Grievance # OSP-2017-04-057

Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☐ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Our Kyles also have "Name" as a requirement for addressing them to a specific staff member. Moreover, I am required by rule to document and prove any grievance or Board claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120(4) states "that staff should make every effort to respond to an inmate communication form within seven days of receipt." It does not say that other staff should intervene in the communications. However, NM. Caffery has continued to intervene, did not allow this process to occur. Instead, NM. Caffery directly ordered me not to communicate with staff, thereby in violation of a rule.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

the aforementioned rule for my legitimate efforts to have my medical records updated accurately. The other staff members are quite capable of answering Kyles addressed to them!

5-27-17

Date

D. G. Gines  
 Inmate Signat

ATTACH

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## Distribution:

- White (Original grievance form)  
 Yellow (Grievance file copy)  
 Pink (Inmate receipt after processed)  
 Goldenrod (Inmate copy)

For grievance information see back page

Receiving Facility  
 (if not processing facility)

Pg 38

Date Stamp

GRIEVANCE COORDINATOR

Date Stamp

Resubmitted

Grievance #

OSP 2017-04-057

Staff Use Only

4 of 4

## GRIEVANCE FORM

Inmate: BINES DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☐ The lack of an administrative directive or operational procedure
- ☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- ☒ Any oversight or error affecting an inmate
- ☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- ☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- ☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Bottom line is, NM. Caffery knows I am working on my legal options and will do anything she needs to, to keep this issue covered up like announcing my legitimate Kyles as "inappropriate" and her directions "not to make similar moves in the future!"

Actions I want taken: NM. Caffery needs to be reprimanded for her continued attempts to cover up the other inmates wrong doing. She also needs inhouse training on how to properly use and return only Kyles addressed to her, get other staff -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

members answer their Kyles in the future and stay clear of cover-ups! See all three Kyles attached as Proof of her deceptions, corruptions, unprofessionalism.

3-27-17  
Date

Den Attch  
Inmate Sign

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Receiving Facility  
(if not processing faci

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Distribution:

White (Original grievance form)

Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

For grievance information see back page

Date Stamp

Date Stamp

GRIEVANCE COORDINATOR

*Carie Gaffney Grievance*



Oregon Department of Corrections (ODOC)  
Oregon State Penitentiary  
Inmate Complaint Receipt Memo

To: Gines, Dennis  
From: Kidwell, A

SID #: 12019691  
Date: 06/15/2017

Cell: OSP:C-212B

Re: Medical# OSP\_2017\_04\_057

Your Grievance was accepted and sent for a response.

**291-109-0160 Processing of Inmate Grievances**

(a) The grievance coordinator will complete processing of the grievance within 45 days from the date the grievance was received from the inmate, unless further investigation is necessary.

(b) If the grievance is not processed within this timeframe, the grievance coordinator will make an effort to notify the inmate of the status of the grievance. If the inmate does not receive a response within the allotted time frame, he/she may contact the grievance coordinator.

If you have any questions regarding your grievance, please refer to the Department of Corrections Administrative Rule "Grievance Review System" tab #109 located in the legal library or kyte your institution Grievance/Discrimination Complaint Coordinator.

*Attach 9*  
*40*



## GRIEVANCE RESPONSE FORM

TO BE FILLED OUT BY STAFFGrievance # OSP 2017-04-057

TO: Gines, Dennis #12019691  
 Inmate/Client Name Institution #  
 FROM: B. Magee, RN, NM  
 Staff Member

1. List, in detail, action(s) taken. (What action was taken? Was the action what the client requested? If not, why? Who took the action? When was the action taken – date/time?)

Sir,

I have read your grievance and researched your complaint. Medical Services Manager (MSM) Carrie Coffey has responded to your written communications promptly and respectfully, and provided directives which are well within her scope as a medical services supervisor. Her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a Registered Nurse under her supervision. Although you are entitled to voice complaints about the services you receive within the DOC through the formal grievance process, Oregon Board of Nursing, or Oregon legal system, you are not entitled to address investigatory inquiries directly with a DOC staff member. If an inquiry is to be conducted, it will be conducted between the official investigatory office or representative and the staff member(s) in question. There is no evidence which suggests that MSM C. Coffey has attempted to "cover up" any medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempted interactions with DOC staff. Please continue to work with health services regarding your medical concerns.

Thank you.

Do Not Type Past This Line

Date:

6/23/17

Signature of Staff Member

*B. Magee, RN, NM*

Signature of Supervisor

*[Signature]*

ATTACH

PL 41

First appeal

1 of 5

Grievance #

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I am appealing grievance response #OSP 2017-04-057 from RN NM. Brendan Magee for a grievance I filled on MSM. Carrie Coffey which is a Problem because, from another nurse manager not mentioned in my grievance! I have numerous grievances that I filled over the years and every PDOC member I mention have personally responded to them as it should be. Medical was always passed the buck so to speak, so they can use this method as a tool to avoid responding themselves to our legitimate grievances and complaints on staff, as another means of their continued attempts to cover up the medical abuse I in fact had to endure! NM. Magee has no legitimate or professional reason for responding to a grievance I filed on his supervisor - other than to assist in SM. Coffey in their combined efforts to cover up the medical malpractice and abuse. Furthermore, NM. Magee has a two year documented history of his cover up of

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

the same abuse from day one! I do have copies available of Kyleshe interrupted addressed to other staff, (Continued on next Page) he responded on all 6 Kyles as they were unable to be processed!!

7-4-17

Date

Dennis Gines

Inmate Signature

Distribution:  
 Green (Original grievance appeal form)  
 Yellow (Grievance file copy)  
 Blue (Inmate receipt after processed)  
 Pink (Inmate copy)

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9 ty)

pg 42

Received at Processing Facility

Date Stamp



First appeal

2 of 5

Grievance #

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I in fact filed a grievance on NM Magee, see grievance # -  
 OSP 2015-07-007 dated on 8-6-15 for the same cover up -  
 attempts like intercepting e-mails addressed to others, for his  
 attempts to give me a bogus write up for three major -  
 offenses which was quickly dropped as it should have  
 been, but this is how far you were willing to go to keep me  
 from speaking out about the abuse! NM Magee's response  
 dated 6-23-17 to MSM's grievance denying me relief was  
 out of retaliation for my filing a grievance on him. I  
 also filed medical complaints on NM Magee dated 12-16-  
 and again on 11-1-16 for all of his efforts to cover up the abuse  
 with the Oregon State Board of Nursing, his response dated  
 6-23-17 to MSM Coffey's grievance denying me any relief  
 was out of retaliation for my filing complaints on him!  
 In your response you state: Medical Services Manager (MSM)

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Marie Coffey has responded to you with a communications  
 promptly and respectfully, and provided directions which are well  
 within her scope as a Medical services supervisor.

7-4-17

Date

Dennis Gines

Inmate Signature

## Distribution:

Green (Original grievance appeal form)

Yellow (Grievance file copy)

Blue (Inmate receipt after processed)

Pink (Inmate copy)

Receiving Facility  
 (if not processing facility)

Received at Processing Facility

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Date Stamp

First appeal

3 of 5

Grievance # \_\_\_\_\_

Staff Use Only

**GRIEVANCE APPEAL FORM**

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

These communications you mention were addressed to another nurse, not yours, the directives are within her cover up attempts. You also state: Her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a registered nurse under her supervision. To that, there is nothing inappropriate about my Kyte, you claim there is a directive to keep me from updating my records and you hoped I would send another Kyte so you could the give me a bogus write up for my attempts. You also state although you are entitled to voice complaints about the services you reviewed within the DOC through the formal grievance process, Oregon Board of Nursing or Oregon legal system, you are not entitled to address investigatory inquiries directly with DOC staff members! To that,

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I do have a legal right to follow up any complaints or grievances I may file!!

cont.

7-4-17

Date

Dennis Gines

Inmate Signature

## Distribution:

Green (Original grievance appeal form)

Yellow (Grievance file copy)

Blue (Inmate receipt after processed)

Pink (Inmate copy)

Receiving Facility  
(if not processing facility)

Attach

9

pg 44

Date Stamp

Date Stamp

For grievance appeal instructions see back page

First appeal

465

Grievance # \_\_\_\_\_

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

You also state! there is no evidence which suggests that MSM C. Caffey has attempted to "cover up" any medical wrongdoings, rather she has provided you with valid directives as to the inappropriate nature of your attempt interaction with DOC staff! ~~xx~~ that, you are wrong, the Kytes addressed to another nurse with my valid question being covered up by this directive is evidence of your continued efforts to cover up the legitimate medical abuse I suffered. Also as evidence of your continued attempts to this day is the fact that you moved RN Whitney out of ASP infirmary to work elsewhere, so I cannot ask her any questions. This too is evidence of your cover up, this is also tampering with witnesses, evidence. Period! Also as evidence you fired the nurse that ~~==~~ caused my Pain and

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

suffering because of her Patterns of abuse to all inmates here, not just me!! Also as evidence, the ~~==~~ M. Magee grievance # ASP 2015-07-067 for cover up! cont.

7-4-17

Date

ATTACH

Dennis Gines

Inmate Signature

9

ity  
facility)

Received at Processing Facility

## Distribution:

Green (Original grievance appeal form)

Yellow (Grievance file copy)

Blue (Inmate receipt after processed)

Pink (Inmate copy)

pg 45

Date Stamp

Date Stamp

For grievance appeal instructions see back page

First appeal

5 of 5

Grievance #

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

The actions I want taken: MSM Coffey to be  
 reprimanded with O.S.B.N. and O.D.C. for his cover up.  
 I also want lie detector tests performed on the  
 following so, there's no question!

#1<sup>ST</sup> ME

#2 RN McGee

#3 AM McGee

#4 MSM Coffey

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

7-4-17

Date

Dennis Gines

Inmate Signature

ATTACH

9

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cility)

pg 4 b

## Distribution:

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Yellow (Grievance file copy)

Blue (Inmate receipt after processed)

Pink (Inmate copy)

Received at Processing Facility

Date Stamp

For grievance appeal instructions see back page



Oregon Department of Corrections (ODOC)  
Oregon State Penitentiary  
Returned Grievance Appeal

To: Gines, Dennis  
From: Eriksen, B

SID #: 12019691  
Date: 07/13/2017

Cell: OSP:C-212B

Re: Medical# OSP\_2017\_04\_057

The grievance appeal you submitted is being returned to you due to non-compliance with the Department of Corrections (DOC) Rule #109 (Grievance Review System) for the following reason(s):

The scope of the original grievance cannot be expanded. The first two pages of your complaint have expanded your appeal beyond the scope of the original grievance. The information you added is not directly involved in your original complaint. Your focus needs to be on the original complaint and not the manager who conducted the investigation and response to your complaint.

A grievance appeal that has been returned to the inmate by the grievance coordinator for procedural reasons can be resubmitted to the grievance coordinator within 14 calendar days from the date the grievance appeal was sent back to the inmate if the procedural errors can be corrected. **IF THE GRIEVANCE APPEAL IS RESUBMITTED WITH CORRECTIONS, PROVIDE THIS FORM WITH THE GRIEVANCE APPEAL**

If you have any questions regarding grievances, please refer to the Department of Corrections Administrative Rule "Grievance Review System" tab #109 located in the Legal Library.

Attach

9



First appeal

1 of 3

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM CoffeyFROM: Gines Dennis L. 12019691 G-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

I am appealing grievance response #OSP 2017-04-257 for you still continued attempts to cover up the re-injury I in fact had to endure from one of your nurses here at OSP infirmary. In your response you state: "medical services Manager (MSM) Coffey has responded to you with communications promptly and respectfully, and provided directives which are well within her scope of as a medical services supervisor. These communications you mention are addressed to another staff, not you, your directives was given to keep me from contacting this nurse with my valid concerns your directives are well within your career up! You also state her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a registered nurse under her supervision! For this there is nothing wrong with my communications you claim there inappropriate as a cover up directive! And from cant.

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

updating my records, you attach far could then give me a attempts like before! R9 48

9 send another kyle or write up for my cant.

9-13-17  
Date

Dennis Gines  
Inmate Signature

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)



First Appeal

2 of 3

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM CaffeyFROM: GINES DENNIS L. 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

you also state: Although you are entitled to voice complaints about the services you received within DOC, ~~in Oregon legal system~~, through the formal grievance Process, Oregon State Board of Nursing, or Oregon legal system, you are not entitled to address investigatory inquiries directly with DOC staff members. I have rights by rule and law to follow up any complaints or grievances I have filed!! you also state; there is no evidence which suggests that MSM Caffey has attempted to cover up any medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempts interaction with DOC staff. You are wrong, I have lots of evidence IE. Kyles addressed to another staff with my valid question, "Did the Board of Nursing contact you in regards of me"? These Kyles were intentionally intercepted by you, covered up by the directive. Also as evidence, you transfered the nurse I Kyled out of ASP infirmary to work elsewhere to keep me from contacting her cont.

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

Personally, tampering with witnesses by transferring her out of ASP, Kyles with directives design ATTACH 9 am exhausting my mind, you fired the nurse: Pain & suffering!!

9-13-17  
Date

pg 49

is Gines  
Signature

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

3063

## GRIEVANCE APPEAL FORM

TO BE FILLED OUT BY INMATETO: msm CaffeyFROM: GIVES DENNIS L. 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

actions to take:

I would like MSM Caffey to be reprimanded by Oregon State Board of Nursing, DSP, ODOC for her still continued attempts of cover up. I also want a lie detector test performed on me and everyone involved in my case to prove my claims!!!

Thank You!E

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

ATTACH97-37-17  
DateRG SODennis Gives  
Inmate Signature

Distribution:  
Original Grievance Form (Green)  
File Copy – Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

Second Appeal

1 of 3

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM. CaffeyFROM: Gines Dennis L. 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

I am appealing grievance appeal #OSP 2017-04-057A for your still continued attempts to cover up the re-injury I in fact had to endure from one of your nurses here at OSP infirmary! In your appeal response you state: "MSM is well within Ms. Caffey's scope of Professional Practice to identify and redirect any communications that take place between Patients and staff at OSP." You also state: "In this case, your attempts to contact individual nurses and inquire about Board of Nursing actions demonstrated impropriety, and MSM, C. Caffey intervened appropriately." You also state: I find that the original grievance response has addressed your concerns, and that there is no evidence of Mismanagement on the Part of C. Caffey. Again, Ms. Caffey's scope of Professional Practice to identify and cover up any Communications I have sent with my legitimate concerns, MSM, Caffey intervened to keep me from updating my records and from gaining evidence for my court actions. Also, these -

cont.

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

Kyles and grievance are  
you sent the nurse I Kyle  
contacting her Person pg 51

ATTACH

of your legal actions,  
I want to keep me from  
of cover up. Cent.  
nurs Gines

10-24-17  
Date

Inmate Signature

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

2 of 3

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: Ms. CaffeyFROM: Gines Dennis L12019691C-212-B

Last Name

First

Initial

SID #

Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

And tampering with witnesses -  
 You also state: Moreover, there is no evidence that OSP Medical services has demonstrated any mistreatment or neglect in regards of your care, or that OSP Medical Management team has engaged in any conspiracy to cover up allegations of mistreatment or neglect. "Wrong", starting the minute of my medical abuse, your untrained nurse who was mad at me for changing my schedule summoned me to the infirmary VI Block Sargeants Pass by the nurse that caused my unnecessary Pain and suffering/assault and Battery. The Pass I still Pass has been stamped by the Medical Clock showing I was Present for one half hour. Yet, your untrained angry out of control nurse never put a notation in my medical record or Progress Notes because she knew she was in trouble for what she did, could not put that she intentionally ripped my bandage from my wound! But, I do have lots of evidence of cover up from ALL of your staff and you, the day of my re-injury I sent the untrained

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

nurse a 3 page Kyte with all the details concerns, I also sent a total of 6 Kytes to several including Ms. Caffey with my alarming concerns of

10-24-17  
Date

PG 52

Dennis Gines  
Inmate Signature

Distribution:  
 Original Grievance Form (Green)  
 File Copy - Send with Original to Staff (Yellow)  
 Inmate Receipt (Blue)  
 Inmate Copy (Pink)



3 of 3

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM CaffeyFROM: Gines Dennis L. 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

I also asked Ms. Caffey not to allow this nurse change any more of my bandages because, my treatments had been extended for one more week the day before my re-injury and I refused to have her treat my wounds causing even more injury. I only have 30 days to grieve, when I never got any of my Kytes back, I sent follow up Kytes. It was then that I got ALL of my Kytes back with ~~their~~ first attempts of cover up when, A nurse manager not mentioned responded to them all. The next day this nurse manager issued me a bogus DR. (write up) for trying to speak out, this DR (write up) was dropped as it should have been. But, there is no limits for how far you are willing to go to cover up the abuse. Because you chose not to believe my legitimate claims of abuse, you allowed her to continue working here for several months after to harm others. I have grieved a total of 3 medical staff for continuing to cover up the abuse and "yes", I do have evidence of your medical management teams conspiracy to cover up abuse, mistreatment!

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

I want MSM Caffey to be reprimanded by OSBN, OSP, ODOC for her continued attempts of covering up. #TTPch 9 sexual assault & Battery  
I also want a lie detector test. all involved in my case.

10-24-17  
Date

p9 S3

Gines  
signature

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

Resubmitted

1 of 3

Grievance # OSP-2017-04-057A  
Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I am appealing grievance response # OSP2017-04-057 in which you state: 1st; I am appealing MSM, Carrie Coffey's avoiding and an attempt cover up once again by not responding personally to my grievance! Instead "passing the buck" - so to speak, to another nurse manager working under you, in which has a vendetta against me for grievance # OSP2015-07-067 dated 8-6-15 I filed on him for his part of covering up the same abuse. I also filed a medical complaint on him on 12-16-15 and again on 11-1-16 for his efforts to cover up the same abuse. In his response dated 6-23-17 denying me relief is out of retaliation for those two reasons. You are also in violation of my rights by rule and by law to hear directly from the one I grieved!! In your response you state: "Medical Services Manager Carrie Coffey has responded to you, written communications promptly and respectfully, and provided directives which are well within his scope as a medical services supervisor". These - can't

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

communications you mention are addressed to another nurse not yours, your directive was given to keep me from contacting this nurse, your directives are within your cover up attempts.

7-25-17

Date

RETURNED

JUL 31 2017

Dennis Gines

Inmate Signature

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Distribution:  
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GRIEVANCE COORDINATOR

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pg 54Receiving Facility  
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JUL 27 2017

GRIEVANCE COORDINATOR  
Date Stamp



Resubmitted

Grievance # OSP-2017-04-057A  
Staff Use Only

2 of 3

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

you also state: "Her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a registered nurse under her supervision. From that: there is nothing wrong with my communications (Kytes); you claim there is inappropriate as a directive to keep me from updating my records, you hoped I would send another Kyte so you could then give me another bogus write up form attempts. You also state: "Although you are entitled to voice complaints about the services you received within the DOC through the formal grievance process, Oregon Board of Nursing or Oregon legal system", "you are not entitled to address investigatory inquiries directly with DOC staff members I have rights by rule and by law to follow up any complaints or grievances I have filed!! You also state: "There is no evidence which suggests that MSM, C Coffey

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

has attempted to "cover up" my medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempts interaction with DOC staff

7-25-17  
Date

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JUL 31 2017

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Dennis Dines  
Inmate Signature

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JUL 27 2017

GRIEVANCE COORDINATOR

Date Stamp

Resubmitted

Grievance # OSP 2017-04-057A

Staff Use Only

3 of 3

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

You are wrong, the Kyles addressed to another nurse with my valid question being covered up by this directive is evidence of your combined efforts to cover up the abuse I suffered. Also as evidence, of cover up, you moved RN. Hughes out of OSI infirmary to work elsewhere to keep me from speaking to her personally. Also as evidence, your tampering with witness RN. Hughes by making her work elsewhere, also a evidence, Kyles with directives designed to keep me from exhausting my remedies. Also, as evidence, "Cover up grievance" OSP 2015-07-067. Also as evidence, you fired the nurse that caused my pain and suffering!!! Also as evidence, medical complaint, also as evidence, this grievance here!! There's lots of evidence on all involved in my case

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I want MSN Caffery to be reprimanded by OSBN, OSP-000C for her continued attempts of cover up. I also want a lie detector tests performed on me, everyone involved in my

7-25-17  
Date

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JUL 31

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Dennis Gines Case Period  
Inmate Signature

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pg 56

Receiving Facility  
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JUL 27 2017

GRIEVANCE COORDINATOR

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**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

TO: B. Eriksen, Grievance Coordinator Date: 7-20-17

State your issue in detail: Hello, I am responding to your returned grievance Appeal to grievance #EOSP 2017-04-057. I am not expanding my scope of my original grievance, rather responding to Brendan Magee's response to a grievance I filed on Carrie Coffey! Brendan Magee has no Professional reason for responding to someone else's grievance! These two have been Passing the Buck to one another for years as a means of covering up ALL of their scandal, by not answering to their own grievances because they know I am filing with the Courts and by not answering their grievances, they have not to end up in Court. But, I intend to hold them accountable for their combined attempts to "Cover UP" this abuse I in fact endured!! Please know-

Inmate Committed Name (first middle last)

SID#

Housing Unit

Dennis Eines

12019691

C-212-B

Response/Action Taken:

my grievance appeal is in response to The grievance response I recieved back from my grievance on Carrie Coffey!! Thank You!

Noted-

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JUL 27 2017

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pg 59

Date Received: GRIEVANCE COORDINATOR

Referred To\*: \_\_\_\_\_

Date Answered: \_\_\_\_\_

Signature of Staff Member: [Signature]

If forwarded, please notify the inmate



# Oregon Department of Corrections (ODOC)

## Oregon State Penitentiary Returned Grievance Appeal

**To:** Gines, Dennis  
**From:** Kidwell, A

**SID #:** 12019691  
**Date:** 07/31/2017

**Cell:** OSP:C-212B

**Re:** Medical# OSP\_2017\_04\_057

The grievance appeal you submitted is being returned to you due to non-compliance with the Department of Corrections (DOC) Rule #109 (Grievance Review System) for the following reason(s):

You are continuing to expanded the scope of the original grievance to involve the respondent to the initial grievance. The grievance coordinator chooses the respondent of the grievance, not the inmate grieving. Stay to the original grievance issue and resubmit.

The rule titled Grievance Review System (Inmate) 291-109-0160 (1b) states, "The **grievance coordinator** will coordinate with the appropriate staff or, if deemed more suitable, the appropriate manager by sending the grievance and response form to the staff or manager respondent for reply."

A grievance appeal that has been returned to the inmate by the grievance coordinator for procedural reasons can be resubmitted to the grievance coordinator within 14 calendar days from the date the grievance appeal was sent back to the inmate if the procedural errors can be corrected. **IF THE GRIEVANCE APPEAL IS RESUBMITTED WITH CORRECTIONS, PROVIDE THIS FORM WITH THE GRIEVANCE APPEAL**

If you have any questions regarding grievances, please refer to the Department of Corrections Administrative Rule "Grievance Review System" tab #109 located in the Legal Library.

DTTack

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pg 58



**GRIEVANCE RESPONSE FORM****TO BE FILLED OUT BY STAFF****Grievance #** **OSP 2017-04-057**

TO: Gines, Dennis #12019691  
Inmate/Client Name Institution #  
 FROM: B. Magee, RN, NM  
Staff Member

1. List, in detail, action(s) taken. (What action was taken? Was the action what the client requested? If not, why? Who took the action? When was the action taken – date/time?)

Sir,

I have read your grievance and researched your complaint. Medical Services Manager (MSM) Carrie Coffey has responded to your written communications promptly and respectfully, and provided directives which are well within her scope as a medical services supervisor. Her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a Registered Nurse under her supervision. Although you are entitled to voice complaints about the services you receive within the DOC through the formal grievance process, Oregon Board of Nursing, or Oregon legal system, you are not entitled to address investigatory inquiries directly with a DOC staff member. If an inquiry is to be conducted, it will be conducted between the official investigatory office or representative and the staff member(s) in question.

There is no evidence which suggests that MSM C. Coffey has attempted to "cover up" any medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempted interactions with DOC staff.

Please continue to work with health services regarding your medical concerns.

Thank you.

Do Not Type Past This Line

Date:

6/23/17

Signature of Staff Member

*B. Magee, RN, NM*

Signature of Supervisor

*[Signature]*

ATTACH

9

pg 59

Resubmitted

Grievance # OSP-2017-04-057A  
Staff Use Only

1 of 3

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I am appealing grievance response # OSP2017-04-057 in which you state: 1st, I am appealing MSM's Carrie Caffery's avoiding and an attempt cover up once again by not responding personally to my grievance! Instead passing the buck - so to speak, to another nurse manager working under you, in which has a vendetta against me for grievance # OSP2015-07-067 dated 8-6-15 I filed on him for his part of covering up the same abuse. I also filed a medical complaint on him on 12-16-15 and again on 11-1-16 for his efforts to cover up the same abuse. In his response dated 6-23-17 denying me relief is out of retaliation for those two reasons. You are also in violation of my rights by rule and by law to hear directly from the one I grieved!! In your response you state: "Medical Services Manager Carrie Caffery has responded to your written communications promptly and respectfully, and provided directives which are well within her scope as a medical services supervisor". These - can't

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

communications you mention are addressed to another nurse not yours, your directive was given to keep me from contacting this nurse, your directives are within your cover up attempts

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Dennis Gines

Inmate Signature

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pg 60

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JUL 31 2017

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GRIEVANCE COORDINATOR

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 (if not processing facility)

Date Stamp

Received at Processing Facility

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JUL 27 2017

GRIEVANCE COORDINATOR



Resubmitted

Grievance # OSP-2017-04-057A

Staff Use Only

2 of 3

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

You also state: "Her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a registered nurse under her supervision". You state: "there is nothing wrong with my communications (Kytis) - you claim there is inappropriate as a directive to keep me from updating my records, you hoped I would send another Kytis so you could then give me another bogus write up for an attempt. You also state: "Although you are entitled to voice complaints about the services you received within the DOC. through the formal grievance process, Oregon Board of Nursing or Oregon legal system", "you are not entitled to address investigatory inquiries directly with DOC staff members I have rights by rule and by law to follow up any complaints or grievances I have filed!! You also state: "There is no evidence which suggests that MSM. C Caffery

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

has attempted to "cover up" any medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempts interaction with DOC staff

7-25-17  
Date

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Dennis Dines  
Inmate Signature

JUL 31 2017

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GRIEVANCE COORDINATOR

PG 61

Received at Processing Facility

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JUL 27 2017

GRIEVANCE COORDINATOR  
 Date Stamp

For grievance appeal instructions see back page

Resubmitted

Grievance # OSP-2017-04-057A  
Staff Use Only

3 of 3

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

You are wrong, the Kyles addressed to another nurse with my valid question being covered up by this directive is evidence of your combined efforts to cover up the abuse I suffered. Also as evidence, of cover up, you moved RN. Hughes out of OS infirmary to work elsewhere to keep me from speaking to her personally. Also as evidence, your tampering with - witness RN. Hughes by making her work elsewhere, also a evidence, Kyles with directives designed to keep me from exhausting my remedies. Also, as evidence, "Cover up grievance" # OSP 2015-07-067. Also as evidence, you fired the nurse that caused my pain and suffering!!! Also as evidence, medical complaint, also as evidence, this grievance here!! There's lots of evidence and all involved in my case

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I want M. Mr. Caffey to be reprimanded by OSBN, OSP-0000 for her continued attempts of cover up. I also want a lie detector tests performed on me, everyone involved in my

7-25-17  
Date

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JUL 31 2017

Dennis Gines Case Period  
Inmate Signature

Distribution:  
Green (Original grievance appeal form)  
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GRIEVANCE COORDINATOR

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Date Stamp

For grievance appeal instructions see back page

Coffey

Resub on 7-25-17

1 of 3

Grievance # \_\_\_\_\_  
Staff Use Only

### GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I am appealing grievance response # OSP2017-04-057 in which you state: 1st; I am appealing MSN's Carrie Coffey's avoiding and an attempt to cover up once again by not responding personally to my grievance! Instead passing the buck - so to speak, to another nurse manager working under you, in which has a vendetta against me for grievance # OSP2015-07-067 dated 8-6-15 I filed on him for his part of covering up the same abuse. I also filed a medical complaint on him on 12-16-15 and again on 11-1-16 for his efforts to cover up the same abuse. In his response dated 6-23-17 denying me relief is out of retaliation for those two reasons. If you are also in violation of my rights by rule and by law to hear directly from the one I grieved!! In your response you state: "Medical Services Manager Carrie Coffey has responded to your written communications promptly and respectfully, and provided directives which are well within her scope as a medical services supervisor". Those - can't

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

communications you mention are addressed to another nurse not yours, your directive was given to keep me from contacting this nurse, your directives are within your cover up attempts!

7-25-17  
Date

Dennis Gines  
Inmate Signature Cont.

ATTACH 9

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Receiving Facility  
(if not processing facility)

Received at Processing Facility

Date Stamp

Date Stamp

Grievance # \_\_\_\_\_

Staff Use Only

2 of 3

**GRIEVANCE APPEAL FORM**

Inmate: GINES DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

you also state: "Her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a registered nurse under her supervision". You state: "there is nothing wrong with my communications (Kytes)"; you claim there inappropriate as a directive to keep me from updating my records, you hoped I would send another Kyte so you could then give me another bogus write up from attempts. You also state: "Although you are entitled to voice complaints about the services you received within the DOC, through the formal grievance process, Oregon Board of nursing or Oregon legal system"; "you are not entitled to address investigatory inquiries directly with DOC staff members". I have rights by rule and by law to follow up on my complaints or grievances I have filed!! You also state: "There is no evidence which suggests that N. SM. C Coffey

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

has attempted to "cover up" my radical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempts interaction with DOC staff

7-25-17  
Date

Dennis Gines  
Inmate Signature

Distribution:  
 Green (Original grievance appeal form)  
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Date Stamp



Grievance #

Staff Use Only

3 of 3

## GRIEVANCE APPEAL FORM

Inmate: GINES DEMINIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

You are wrong the Kytes addressed to another nurse with my valid question being carried up by this directive is evidence of your combined efforts to cover up the abuse I suffered. Also as evidence, of cover up, you moved R.N. Hughes out of OSH infirmary to work elsewhere to keep me from speaking to her personally. Also as evidence, your tampering with witness R.N. Hughes by making her work elsewhere, also as evidence, Kytes with directives designed to keep me from exhausting my remedies. Also, as evidence, "Cover up grievance" OSB 2015-07-067. Also as evidence, you fired the nurse that caused my pain and suffering!!!! Also as evidence, medical complaint, also as evidence, this grievance here!! There's lots of evidence on all involved in my case.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I want MSN Coffey to be reprimanded by OSBN, OSB-000C for her continued attempts of cover up. I also want a lie detector test performed on me, everyone involved in my

7-25-17  
Date

Dennis Gines Case Period  
Inmate Signature

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ATTACH 9

PG 65

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For grievance appeal instructions see back page



3<sup>rd</sup>. Resubmit

First Appeal

1 of 3

Grievance # \_\_\_\_\_

Staff Use Only

**GRIEVANCE APPEAL FORM**

Inmate: GINES DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I am appealing grievance response # OSP 2017-04-057 for nurse manager Carie Coffey continued attempts to cover up the re-injury of in fact insider from one of her nurses here at OSP infirmary, tra include her recent refusal to respond personally to this grievance as a means of avoiding being held accountable for her actions! This tra, is an attempt to conceal or cover up the abuse, this respondent has a 2 year history of cover up, a vendetta against me! So, the response is done out of retaliation when they denied my relief. In your response you state; "Medical Services Manager (MSM) Carie Coffey has responded to your written communication promptly and respectfully, and provided directives which are well within her scope as a Medical Services Supervisor". These communications you mention are addressed to another nurse, not you, your directive was given to keep me from contacting this nurse with my valid concerns, your directives are within the scope of

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Cont, cover up!! You also state, her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a registered nurse under her supervision.

8-12-17

Date

Dennis Gines cont.

Inmate Signature

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(if not processing facility)

ATTACH 9

pg 66

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 Pink (Inmate copy)

For grievance appeal instructions see back page

First Appeal

2 of 3

Grievance # \_\_\_\_\_

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019191 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

First that, there is nothing wrong with my communications, you claim there is inappropriate as a cover up directive, from updating my records, you hoped I would and another Kyte so you could then give me another bogus write up for my attempt. You also state: "Although you are entitled to voice complaints about the services you received within the DOC, through the formal grievance process, Oregon Board of Nursing, or Oregon leg. system, you are not entitled to address investigating inquiries directly with DOC staff members." I have rights by rule and I have to follow up my complaints or grievances I have filed. You also state, "there is no evidence which suggests that MSN C. Coffey has attempted to 'cover up' any medical wrongdoing rather she has provided you with valid directives as to the inappropriate nature of your attempts interaction with DOC staff."! You are wrong, the Kytes addressed to another

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

nurse with my valid question being intentionally intercepted by you, and covered up by this directive is evidence of your cover up actions. Period!!!

8-12-17

Date

Dennis

Inmate Signature

ATTACK

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(if not processing facility)

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- Green (Original grievance appeal form)
- Yellow (Grievance file copy)
- Blue (Inmate receipt after processed)
- Pink (Inmate copy)

Date Stamp

Date Stamp

For grievance appeal instructions see back page

First appeal

3 of 3

Grievance #

Staff Use Only

## GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

Also as evidence of your cover up, you moved the nurse Kyte out of OSP infirmary to work elsewhere to keep me from contacting her personally. Also as evidence, your tamper with witnesses by transferring her out of OSP, also as evidence Kyte with directives designed to keep me from exhausting my remedies. Also as evidence, cover up grievances I previously filed. Also as evidence, you fired the nurse that caused my pain and suffering! Also as evidence, medical complaints with OSBN. Also as evidence, this grievance here!! Also as evidence my fine Page certified letter with all of the involved in my case concerned to the governor. Also as evidence your failure to respond personally to this grievance I filed on you. I have lots of evidence of your continued attempts of cover up.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I want MSM. Caffey to be rep  
 still ~~so~~ continued attempts  
 detector test performed. ATTACH PG 68

B-12-17

Date

I want OSBN, OSP, ODOC for her  
 9 also want a lie  
 gone involved in my  
 case!!  
 nurse Gines

Signature

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 Yellow (Grievance file copy)  
 Blue (Inmate receipt after processed)  
 Pink (Inmate copy)

\_\_\_\_\_  
 (if not processing facility)

Date Stamp

Received at Processing Facility

Date Stamp

For grievance appeal instructions see back page



Oregon Department of Corrections (ODOC)  
Oregon State Penitentiary  
Returned Grievance Appeal

**To:** Gines, Dennis  
**From:** Kidwell, A

**SID #:** 12019691  
**Date:** 08/25/2017

**Cell:** OSP:C-212B

**Re:** Medical# OSP\_2017\_04\_057

The grievance appeal you submitted is being returned to you due to non-compliance with the Department of Corrections (DOC) Rule #109 (Grievance Review System) for the following reason(s):

Requested correction for compliance to Rule #109 not followed. Continues to expanded scope of the original grievance to include narrative of C. Coffee not answering the initial grievance.

If you have any questions regarding grievances, please refer to the Department of Corrections Administrative Rule "Grievance Review System".tab #109 located in the Legal Library.

ATTACH  
RG 69 9



First appeal

1 of 3

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM. Coffey, NM. MageeFROM: GINES DENNIS L. 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

I am appealing grievance response #OSP2017-04-057 for your still continued attempts to cover up the re-injury I in fact had to endure from one of your nurses here at OSP infirmary. Your refusal to respond personally as a means of being held - accountable for your actions! This too, is an attempt to conceal or cover up the abuse! Also avoiding your accountability in your response you state: Medical Services Manager (MSM. Carrie Coffey has responded to your written communications promptly and respectfully, and provided directives which are well within her scope as a medical services supervisor!" These communications you mention are addressed to other staff not you, your directive was given to keep me from contacting this nurse with my valid concerns, your directives are within the scope of cover up!! You also state: - her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express cant.

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

towards a registered nurse under her supervision! too that there is nothing wrong with attack 9 communications, your chain there inappropriate up directive!

9-7-17  
Date

Pg 70

nes Gines  
Signature

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)



2 of 3

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM Caffie - M. Mager

FROM:

Last Name

First

Initial

SID #

Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

And from updating my records, you hoped I would send another Kyte so you could then give me another league write up for my attempts! You also state: "Although you are entitled to voice complaints about the services you received within DOC through the formal grievance Process, Oregon State Board of Nursing, or Oregon legal system, you are not entitled to address investigatory inquiries directly with DOC staff members." I have rights by rule and by law to follow up any complaints or grievances I have filed!!! You also state: there is no evidence which suggests that MSM C. Caffie has attempted to cover up any medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempts - interaction with DOC staff. You are wrong, I have lots of evidence like the Kytes addressed to another staff with my valid question, "Did the Board of Nursing contact you

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

in regards of me? This Kyte was intentionally interpreted by you, covered up & ATTACH 9 there is evidence of your cover up actions. P

9-7-17  
Date

PS 71

Dennis Dines  
Inmate Signature

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

3 of 3

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM Caffey - DM MazaFROM: GINES DENNIS L. 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

Also as evidence of your cover up - you transferred the nurse I Kyted out of OSP. in firm way to work elsewhere to keep me from contacting her personally. Also as evidence, you tampering with witnesses by transferring her out of OSP also as evidence - Kytes with directives designed to keep me from exhausting my remedies. Also as evidence; you fired the nurse that caused my pain and suffering. Also as evidence, this grievance here. Also as evidence your failure to respond. I have facts of evidence of continued attempts of cover up!!

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

I want MSM Caffey to be reprimanded by OSBN, OSP, ODOC for her still continued attempt to detect tests performed. I also want a lie anyone involved!!!  
Date 9-7-17 ATTACK PG 72 Dennis Gines  
mate Signature

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

Returned in Person 9-13-17 VIA:

## OREGON DEPARTMENT OF CORRECTIONS

Call Pass,

## INMATE COMMUNICATION FORM

TO: Miss Kidwell, Grievance Coordinator Date: 9-6-17

State your issue in detail:

Hello Ma'am, my name is Dennis Gines and I now understand DOC rule #109 after I was able to read it in the legal library. I also understand that our grievance system is in place so, we have a way to hold staff accountable for their mis-deeds! You say I am trying to expand the scope of my original grievance when "in fact" the medical staff has expanded the scope when they added a third party response!! If Caffey would have responded personally to her grievance, then Caffey would have been on my appeals! Instead, they expanded the scope when Magee, a Person not mentioned in my attempt to hold Caffey accountable responded!! I tried to grieve them both on 7-21-17, her for her response to her grievance, him for his retaliatory response but, was denied? So I only have my appeals to rely on to add the facts of

Inmate Committed Name (first middle last)	SID#	Housing Unit
		cant.

Response/Action Taken:

their still combined cover up to this day! There is absolutely no reason for our grievance system if they are allowed to "Pass the buck" - so to speak. ALL five grievances I filed over this case, the Person I grieved had responded personally, why not Caffey? I don't see any rules that allow staff to expand the scope either? Unless I am wrong! Please

Thank You Very much! Respects - Dennis

Date received:

Referred To\*:

Date Answered:

Signature of Staff Member:

If forwarded, please notify the inmate

333560BR  
PK

Corrections Information Systems  
OSP CALL OUT PASS BY CELL FOR 9/13/2017

9/12/17  
14:12:11

GINES, DENNIS

Sid: 12019691

Cell#: C-212B

Time: Arrived: Staff: Left: Staff:

DWELL

7:15

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

*Returned Communication to me Personally.*

True Copy

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

TO: Miss Kidwell - Grievance Coordinator Date: 9-6-17

State your issue in detail: Hello Ma'am, my name is Dennis Gines  
and I now understand OOC rule #109 after I was able  
to read it in the legal library. I also understand that our  
grievance system is in place so we have a way to hold  
staff accountable for mis-deeds! You say I am trying to  
expand the scope of my original grievance when "in fact" the  
medical staff has expanded the scope when they added a  
third party response!! If Caffey would have responded Person-  
ally to her grievance, then Caffey would have been on my  
appeals! Instead, they expanded the scope when Magee, a  
Person not mentioned in my attempt to hold Caffey  
accountable responded!! I tried to grieve them both on  
7-21-17, her for her response to her grievance, him for  
his retaliatory response but, was denied? cant. =

Inmate Committed Name (first middle last)

SID#

Housing Unit

12019691

C-212-B

Response/Action Taken: So I only had my appeals to rely on  
to add the facts of their still combined cover up to this day  
There is absolutely no reason for our grievance system if  
they are allowed to pass the buck - so to speak! So -  
ALL five grievances I filed over this case, the Person I  
grieved responded Person-ally, why not Caffey? I don't  
see any rules that allow STB ch and the scope either  
Unless I am wrong?? 9-? Thank You Very much  
PG 75

Date Received: \_\_\_\_\_

Date Answered: \_\_\_\_\_ Signature of Staff Member: \_\_\_\_\_

If forwarded, please notify the inmate

Respecto - Dennis CD 214 (12/04)  
TH





Oregon Department of Corrections (ODOC)  
Oregon State Penitentiary  
Grievance Appeal Accepted

**To:** Gines, Dennis  
**From:** Kidwell, A

**SID #:** 12019691  
**Date:** 09/20/2017

**Cell:** OSP:C-212B

**Re:** Medical# OSP\_2017\_04\_057

Your grievance appeal was accepted and sent for response

291-109-0170

You will receive a grievance appeal response within 30 calendar days from the date the appeal was received by the functional unit manager (first appeal) or the assistant director (final appeal).

If you have any questions regarding your grievance appeal, please refer to the Department of Corrections Administrative Rule "Grievance Review System" tab #109 located in the legal library or kyte your institution Grievance/Discrimination Complaint Coordinator.

ATTACH 9  
pg 76

First appeal

1 of 3

## GRIEVANCE APPEAL FORM

OSP-2017-04-057A

## TO BE FILLED OUT BY INMATE

TO: M. SM. CafferyFROM: GINES DENNIS L.

Last Name

First

Initial

12019691

SID #

C-212-B

Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

I am appealing grievance response #OSP2017-04-057 for you still continued attempts to cover up the re-injury I in fact had to endure from one of your nurses here at OSP infirmary. In your response you state: "medical services Manager (MSM) - Caffery has responded to your written communications promptly and respectfully, and provided directives which are well within her scope of as a medical services supervisor. These communications you mention are addressed to another staff, not you, your directives was given to keep me from contacting this nurse with my valid concerns. your directives are well within your cover up! You also state her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a registered nurse under her supervision! For the there is nothing wrong with my communications, you claim these inappropriate as a cover up directive! And from cant.

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

updating my records, you hoped I would send another KYTE so you could then give me an ATTACH 7 rate up for my attempts like before! cant.

9-13-17  
Date

pg 77

amie Gines  
Inmate Signature

RECEIVED

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

SEP 14 2017

CD-117c (10/03)  
GRIEVANCE COORDINATOR

First Appeal

2 of 3

OSP-2017-04-057A

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: msm CaffeyFROM: GINES DENNIS L.12019691C-212-B

Last Name

First

Initial

SID #

Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

you also state: Although you are entitled to voice complaints about the services you received within DOC, ~~on the prison legal system~~, through the formal grievance process, Oregon State Board of nursing, or Oregon legal system, you are not entitled to address investigatory inquiries directly with DOC staff members. I have rights by rule and law to follow up any complaints or grievances I have filed!! you also state: there is no evidence which suggests that m.s.m. Caffey has attempted to cover up any medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempts interaction with DOC staff. You are wrong, I have lots of evidence. I.E. Kyles addressed to another staff with my valid question, "Did the Board of Nursing contact you in regards of me"? These Kyles were intentionally intercepted by you, covered up by the directive. Also as evidence, you transferred the nurse I Kyled out a OSP infirmary to work elsewhere to keep me from contacting her.

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

Personally, tampering with unit.  
OSP, Kyles with directives desig, ATTACH  
immediates, you fired the nurse

9 transferring her out of  
room exhausting my  
& Pain & suffering!  
is since

9-13-17  
Date

Signature

RECEIVED

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

SEP 14 2017

CD 117c (10/03)  
GRIEVANCE COORDINATOR

3063  
GRIEVANCE APPEAL FORM

OSP-2017-04-051A

TO BE FILLED OUT BY INMATETO: msm Caffey
 FROM: GIVENS DENNIS L.      12019691      C-212-B  
                  Last Name                      First                      Initial                      SID #                      Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

Actions to take:

I would like MSM Caffey to be reprimanded by Oregon State Board of Nursing, DSP, DDOC for her still continued attempts of cover up. I also want a lie detector test performed on me and everyone involved in my case to prove my claims!!!

Thank You!

Attack

7-13-17  
Date

10 79

7

Dennis Givens  
Inmate Signature      **RECEIVED**

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

SEP 14 2017

GRIEVANCE COORDINATOR



Oregon Department of Corrections (ODOC)  
Oregon State Penitentiary  
Grievance Appeal Accepted

**To:** Gines, Dennis  
**From:** Kidwell, A

**SID #:** 12019691  
**Date:** 11/08/2017

**Cell:** OSP:C-212B

**Re:** Medical# OSP\_2017\_04\_057

Your grievance appeal was accepted and sent for response

291-109-0170

You will receive a grievance appeal response within 30 calendar days from the date the appeal was received by the functional unit manager (first appeal) or the assistant director (final appeal).

If you have any questions regarding your grievance appeal, please refer to the Department of Corrections Administrative Rule "Grievance Review System" tab #109 located in the legal library or kyte your institution Grievance/Discrimination Complaint Coordinator.

*Attach  
R 80 9*



Second Appeal

1 of 3

OSP-2017-04-057AA

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM. CoffeyFROM: Gines Dennis L. 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

I am appealing grievance appeal #OSP 2017-04-057A for your still continued attempts to cover up the re-injury I in fact had to endure from one of your nurses here at OSP infirmary! In your appeal response you state: "MSM is well within Ms. Coffey's scope of Professional Practice to identify and redirect any communications that take place between Patients and staff at OSP." You also state: "In this case, your attempts to contact individual nurses and inquire about Board of Nursing actions demonstrated impropriety, and MSM, C. Coffey intervened appropriately." You also state: I find that the original grievance response has addressed your concerns, and that there is no evidence of Mismanagement on the part of C. Coffey. Again, Ms. Coffey's scope of Professional Practice to identify and cover up any communications I have sent with my legitimate concerns, MSM, Coffey intervened to keep me from updating my records and from gaining evidence for my court actions. Also, these - cant.

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

Kytes and grievance are evidence of your illegal actions, you sent the nurse I Kyted to attach contact her personally. I want to keep me from cover up. Cant, no Gines

10-24-17  
Date

RG 81

Signature

RECEIVED

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)

OCT 26 2017

CD 117c (10/03)  
GRIEVANCE COORDINATOR

2 of 3

OSP-2017-04-057AA

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: Ms. CaffeyFROM: GINES Dennis L 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

And tampering with witnesses -  
You also state: Moreover, there is no evidence that OSP Medical services has demonstrated any mistreatment or neglect in regards of your care, or that OSP Medical Management team has engaged in any conspiracy to cover up allegations of mistreatment or neglect. "Wrong", starting the minute of my medical abuse, your untrained nurse who was mad at me for changing my schedule summoned me to the infirmary VI Block Sargeants Pass by the nurse that caused my unnecessary Pain and suffering/assault and Battery. The Pass I still Pass has been stamped by the Medical Clock showing I was Present for one half hour. Yet, your untrained angry out of control nurse never put a notation in my medical record or Progress Notes because she knew she was in trouble for what she did, could not put that she intentionally ripped my bandage from my wound! But, I do have lots of evidence of cover up from ALL of your staff and you, the day of my re-injury I sent the untrained

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

nurse a 3 page Kyte with all the details concerns, I also sent a total of 6 Kytes to server + 11 - I am ding Ms. Caffey with my alarming concerns of ATTACK ↑ acc. Cont.

10-24-17  
Date

RG 82

Dennis Gines  
Inmate Signature

RECEIVED

OCT 26 2017

Distribution:  
 Original Grievance Form (Green)  
 File Copy - Send with Original to Staff (Yellow)  
 Inmate Receipt (Blue)  
 Inmate Copy (Pink)

CD 117c (10/03)

GRIEVANCE APPEAL FORM

3 of 3

OSP-2017-04-057AA

## GRIEVANCE APPEAL FORM

## TO BE FILLED OUT BY INMATE

TO: MSM CaffeyFROM: Gines Dennis L. 12019691 C-212-B  
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons you disagree with the original grievance or level #1 appeal response. (For level #1 appeal, attach original grievance form and staff response. For level #2 appeal, attach level #1 appeal form and staff response and, also, the original grievance form and staff response.)

I also asked Ms. Caffey not to allow this nurse change any more of my bandages because my treatments had been extended for one more week the day before my re-injury and I refused to have her treat my wounds causing even more injury. I only have 30 days to grieve, when I never got any of my Kytes back, I sent follow up Kytes. It was then that I got ALL of my Kytes back with ~~my~~ first attempts of cover up when, a nurse manager not mentioned responded to them all. The next day this nurse manager issued me a bogus DR. (write up) for trying to speak out, this DR (write up) was dropped as it should have been. But, there is no limits for how far you are willing to go to cover up the abuse. Because you chose not to believe my legitimate claims of abuse, you allowed her to continue working here for several months after to harm others. I have grieved a total of 3 medical staff for continuing to cover up the abuse and "yes", I do have evidence of your medical management team's conspiracy to cover up abuse, mistreatment!

2. Describe what action you want taken to resolve the grievance. (How can the problem be resolved?)

I want MSM. Caffey to be reprimanded by OSC. OSP, ODOC for her continued attempts of covering up. I attach use of assault & Battery. I also want a lie detector test. all involved in my case. Gines

10-24-17  
Date

pg 83

signature

RECEIVED

OCT 26 2017

Distribution:  
Original Grievance Form (Green)  
File Copy - Send with Original to Staff (Yellow)  
Inmate Receipt (Blue)  
Inmate Copy (Pink)



**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

TO: Mr. Kidwell, grievance team Date: 9-13-17

State your issue in detail: Thanks again Sir for explaining the process to me and I hope this time I did it right?

Sorry Sir - Respects Dennis Gines

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

C-212-B

Response/Action Taken: Noted- I'll look it over in the coming week.

**RECEIVED**

SEP 14 2017

Attach

pg 84

Date Received: \_\_\_\_\_ GRIEVANCE COORDINATOR Referrer

Date Answered: \_\_\_\_\_ Signature \_\_\_\_\_

If forwarded, please notify the inmate

# OREGON DEPARTMENT OF CORRECTIONS MISCONDUCT REPORT

CASE # \_\_\_\_\_

 Name: Gines, Dennis SID # 12019691 Housing: D-276A Assignment: \_\_\_\_\_  
 (Last, First, MI)

 ODOC Facility: OSP Location of Violation: Health Services Date: 07/02/2015 Time: 9:45am

## Charge(s) WRITE IN THE APPROPRIATE RULE(S)

4.01 <u>Disobedience of an Order I</u> Major Rule # Title of Rule Major/Minor 3.01 <u>False Information to Employees I</u> Major Rule # Title of Rule Major/Minor 4.15 <u>Compromising an Employee</u> Major Rule # Title of Rule Major/Minor	Rule # Title of Rule Major/Minor Rule # Title of Rule Major/Minor Rule # Title of Rule Major/Minor
--	--

Description of violation (explain how you discovered/learned the facts and who, what, when, where, and how. Use continuation sheet if needed.):

On June 24, 2015, I Nurse Manager Brenden Magee was responsible for addressing 2 inappropriate medical kytes received from Mr. Dennis Gines (Sid# 12019691) related to his regimen of daily wound care treatments in Health Services. In his kytes, which were directly addressed to 2 individual nurses, Mr. Gines falsely accuses a third nurse of inappropriate and unprofessional conduct, and attempted to enlist the services of the 2 nurses addressed, to report and/or act against the third nurse as part of his future actions to file a complaint against nurse 3. Mr. Gines was instructed that the third nurse's actions were not inappropriate or unprofessional, and that his allegations were unfounded. He was then ordered to cease sending inappropriate communications to Health Services, as they were viewed as clear examples of "staff splitting" tactics of manipulation.

On July 2, 2015, I received another medical kyte from Mr. Gines, which was again addressed to one of the first two nurses addressed, and contained a very similar message of deception as an attempt to compromise the staff member to take action against the third nurse, based on false information which was intentionally reported by him. At this time, the third kyte was responded to, and another order was given to Mr. Gines related to him immediately ceasing any inappropriate communications with OSP staff.

 Disposition of Physical Evidence: Available upon request (3 medical kytes containing all information)  
 Staff Witnesses: N/A

 Immediate Action Taken: Misconduct report written

 Submitted by: Brenden Magee, RN, Nurse Manager Brenden Magee Time: 8:30pm am/pm Date: 07/06/2015  
 Printed Name and Signature Title

 Reviewing Supervisor: Christina PT/Ph 10  
 Printed Name and

 Time: 0450 (am/pm) Date: 07/07/2015

\*\*\*\*\*

\*\*\*\*\*

As officer-in-charge, I have reviewed the foregoing the good order and security of the facility require

rule violation(s) is/are of such a serious nature that placement in segregation status because:

 Placed in Segregation by: \_\_\_\_\_  
 Printed Name and Signature Title

Time: \_\_\_\_\_ am/pm Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pre Hearing Segregation Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Release Ordered: \_\_\_\_\_

Signature

Title

Date

 Inmate Copy Delivered by: C/O J. TUTMAR  
 Printed Name and Signature

Title

7/7/15 @ 10:00 AM  
 Time/Date Served  
 CD 293D (11/95)





D-276A

Oregon Department of Corrections (ODOC)

Mission: To promote public safety  
by holding offenders accountable  
for their actions and reducing the  
risk of future criminal behavior

## Disciplinary Hearing

### Finding of Fact, Conclusion, and Order

Offender Name: Gines, Dennis

Case #:

1507 OSP 0018 OSP 26

SID: 12019691

Date(s) of Hearing:

07/10/2015

#### Rules Charged

- 4.15 - Compromising an Employee
- 4.01 - Disobedience of an Order I
- 3.01 - False Info to Employees I

#### Plea

- Deny
- Deny
- Deny

REC'D

JUL 14 2015

#### Procedural Points

Inmate received a copy of the Misconduct Report, Notice of Hearing, Notice of Inmate Rights in a Hearing and Rules of Prohibited Conduct. The inmate acknowledged understanding the Misconduct Report and Inmate Rights in a Hearing.

#### Finding of Fact

On June 24, 2015 Nurse Manager Magee received Inmate Communications written by Inmate Gines and addressed to Nurse John and Nurse Whitney at OSP. Mr. Magee reported that in these Inmate Communications, Inmate Gines is attempting to get these two nurses to report and/or act against a third nurse. Copies of the Inmate Communications were provided as evidence in this case.

In the Inmate Communication written to Nurse John, Inmate Gines writes: "Well, I'm still gonna file a complaint on Nurse McCrae for ripping the bandage from my foot tearing skin off my wound and causing it to bleed. She did this because she was mad at me for having my treatment time changed and did that out of retaliation. She did this on 6- 10-15 at 2:00PM. When she summoned me to Medical. But unless you and Whitney log my bloody bandage change that you witnessed on 6-11-15, then she is gonna get away with it." The Inmate Communication written to Nurse Whitney was also provided and was very similar.

Mr. Magee reported that he replied to both Inmate Communications on June 24, 2015. Inmate Gines was informed, "I view this kyte as being highly inappropriate and contains clear evidence of a "staff splitting" tactic of manipulation." Inmate Gines was then ordered to discontinue any such forms of inappropriate communication with OSP's Health Services Staff.

Mr. Magee reported that on July 2, 2015, with a similar message. N  
ordering Inmate Gines to

ATTACH 10

cond Inmate Communication addressed to Nurse John  
nded to this Inmate Communication as well, again  
ication, and issued a misconduct report.

During his hearing, Inmate  
Nurse John, he had not re  
Communications shows th  
Inmate Gines was counsel  
each other was inappropria

PB 2

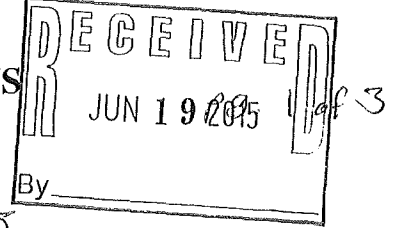
nd delivered the second Inmate Communication to  
Mr. Magee. Review of the two Inmate  
d appear to be hand written copies of the same.  
nes was informed that attempting to turn staff against  
ted.

#### Ultimate Findings of Fact and Conclusions

Rule 4.15, Compromising an Employee; Rule 4.01, Disobedience of an Order I; Rule 3.01, False Info to Employees I; are dismissed. Corrective action using less formalized procedures would have been more appropriate.

I recieved on 6-25-15 per copy.

# OREGON DEPARTMENT OF CORRECTIONS INMATE COMMUNICATION FORM

TO: Medical / McChae Date: 6-10-15

State your issue in detail: On May 30<sup>th</sup>, I was burned badly on both feet with boiling water. After soaking in ice, I was cleaned and bandaged by nurse Joe. I was given a lay in, shower shoe Pass and asked, what time I wanted my daily treatments and to keep in mind, that time will remain the same thought you treatments! I kept "my daily schedule" in mind and asked for 6pm, got my daily Pass and was getting great care until on / or around June 4<sup>th</sup>, at which time you were on duty. You immediately gave me an attitude because I was there at 6pm. You were very rude and insistant on 3pm visits starting on June 5<sup>th</sup>, I was inat in agreeance but, not wanting to have a canfrantata with you, I went home to my cell. At which time, I recieved my "Yellow Pass" for 6pm on the 5<sup>th</sup> of June. I tried to get out at 3pm but, was denied by a G/O. I then used my "Yellow Pass" at 6pm. to get to the infirmary for treatment. I then asked the nurse on duty too please put me back on for 6pm. After all, I was already getting my "Yellow Pass" for 6pm and I have every since!

Inmate Committed Name (first middle last)

Dennis Dines

SID#

12019691

Housing Unit

D-276-A

Response/Action Taken: During my treatments, all of the other nurses were great and never said anything about my treatments at 6pm! On 6-9-15, I was extended for treatments for one more week because my foot was not healed yet. Nurse John at my request and witness too, he updated all of my Passes - including my 6pm treatments, I even watched him put it on the 400, "SID Problems". Then on the 10<sup>th</sup> of June at 2:45pm, hours before my Re-scheduled treatments, I was summoned to the infirmary by you. When I seen it was you, I wondered if you ATTACH '1' - file or maybe there was something wrong with my file

Date Received:

pg 3

cant. on next Page

Date Answered:

Member:

If forwarded, please notify the i

Her Copy.

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

DECEMBER JUN 19 2015 By _____	pg. 2 of 3
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TO: Nurse McGee Date: 6-10-15 cont. from pg. 1

State your issue in detail: When you said, "I thought I changed you for 3pm?"

You said this with a huge attitude so, I knew right away, you called me up there to harass me because, I had it changed against your personal wishes it had nothing to do with your Professional opinion! You then insisted I get my bandage changed right then. As you began to totally manhandle my bandages, you asked "don't you expire tomorrow?" I told you I got - extended for treatment and you got mad saying, "NO", "you don't need it!" You assumed I was healed as you began to tear the bandages from my foot. I told you "I was tender still" but, you were still pulling at them, I again said, "I'm still sore!" You said "ah sorry" as you tore the last piece off. You tore skin off and caused my wound to bleed. It was then, that you realized the wounds were still fresh but, it was too late. By then, you already caused the reversal healing of my wound! You then put a crude bandage back on and I asked to stay in at 6 PM, and you said, "nape, its

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

D-276-A

Response/Action Taken: too late, its already changed for 3pm. You then instructed me "to go"! Not even giving me an up-dated Pass for the rest of my treatments. But, not wanting to deal with you anymore, I left! So, you took my changing the time Personal, if not, why did you call me up there before my scheduled change at 6pm. and change the time again? You do this to "get even with me", and if you would have been easier while unnaping my bandage, you would not have caused me unnecessary Pain and suffering. Your actions today were completely unnecessary, unwarranted and - Unprofessional to say, Attach 10

Date Received: \_\_\_\_\_

cont. on next page.

Date Answered: \_\_\_\_\_

number: \_\_\_\_\_

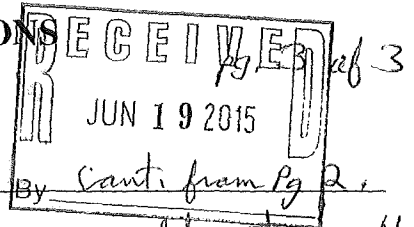
If forwarded, please notify the inmate

pg. 2 of 3

CD 214 (12/04)

Her Copy.

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**



TO: Medical / McCrae Date: 6-10-15 By Cant. from Pg 2

State your issue in detail: Can You Please tell me why you would act in this matter and when I'm gonna get my Physicians Pass to repair the damage you caused? And to finish my treatments in hopes I don't get an infection from your abuse? You changed my bandage with contaminated gloves too, you exposed my wound to infections and viruses! Why would you do this to me? And why intentionally??? Is this not malpractice?

PS. Please view and return all 3 Kytes with your response.

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

D-276-A

Response/Action Taken: Mr. Gines, RN, McCrae deferred her response to a Nurse Manager, so I will attempt to summarize the issue. RN McCrae does not believe that any personal factors influenced her actions, and that they were driven by nursing and departmental policies and procedures, as your medical records reflect. Please see my response to your Kyte addressed to Carrie Coffey, for further clarification. Thank you. — BCL Magee, RN, NM  
Brenden Magee, RN, NM

ATTACH 10

Date Received: 6/22/15

Date Answered: 6/23/15

If forwarded, please notify the inmate

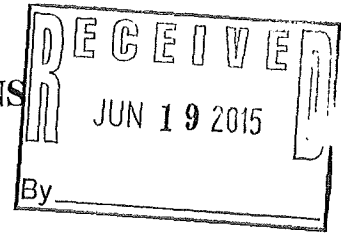
PG 5

BCL Magee, RN, NM  
 pg. 3 of 3



# OREGON DEPARTMENT OF CORRECTIONS

## INMATE COMMUNICATION FORM



TO: Health Service Mgr. Carrie Coffey Date: 6-10-15

State your issue in detail:

Belba Ma'am, my name is Dennis Gines and I have a situation I hope you'll help with? To make a long story short, I was burned on my feet with boiling water on 5-30-15 and was receiving daily care. On/around the 4<sup>th</sup> of May while receiving my treatment at 6 PM. Nurse McCrae was on duty and made I was there at 6 PM. she was very rude and insistant on changing it to 3 PM. this was against my will so I left and the next day June 5<sup>th</sup>, I asked another nurse to put me back on for 6 PM, and she did! Mrs. McCrae took this totally personal as she called me up for treatment on 6-10-15, at which time, she assumed my wounds were healed as she tore my bandages off of my wounds. I told her they were still tender and again, I told her they were sore and her response was "oh I'm sorry"! As she ripped the last piece off, she tore my skin on my wound causing it to bleed. She did all of this with contaminated gloves and her actions were completely intentional. Once she seen the wound was still fresh, it was too late at that point, she had already caused me unnecessary pain and suffering.

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

D-276-A

Response/Action Taken:

Now I have to worry everyday that I'm gonna get an infection and/or viruses because of her abuse! I am asking you to not allow her to harass me in any way or allow her to abuse me any longer? Thank you! I intend to file a complaint on Mrs. McCrae, just wanted you to know.

If you have questions please contact me? Sincerely, Dennis Gines.

Mr. Gines, I will respond to your concerns on behalf of Carrie Coffey, who is unavailable. First, I believe there is a mis. ATTch 10 is scheduling sick call or treatment appointments. Sick call ends and RN McCrae was acting in accordance to ODP Health Serv pg 6 ires to change your.... continued on attached paper.

Date Received:

6/22/15

Date Answered:

6/23/15

Signature of Staff Member:

BelMagne, RN

If forwarded, please notify the inmate



Attachment to Kyte from Dennis Grines (12019691) received on 6/19/15

2 of 2

Continued from Kyte response...

- appointments from 6:00 pm to 3:00 pm. Unfortunately, this mistaken situation is a result of your appointments being scheduled too late in the day, initially, and then changed back. I apologize for the confusion this caused you, but 3:00 pm is a realistic and valid appointment time, regardless of anybody's personal preference.

In addition, I'm sorry for your perception and feelings that RN McCrae acted, or performed her duties, in a retaliatory manner. We in Health Services are driven to provide the best patient care we can while creating a healthy, therapeutic environment within our clinic. At this time, I am unable to uncover any information which might suggest that RN McCrae was acting unprofessionally, or performed any acts of abuse or negligence, but encourage you to continue to work with our Health Services department to promote your speedy recovery to full health. Also, please provide evidence to support any/all claims of professional misconduct or malpractice. Thank you for allowing me to help clarify this situation.

Brenden Magee, RN, NM

Bella Magee, RN, NM

Note: "yellow" call-outs are issued a day in advance, which will probably explain why you received a call-out for 6:00 pm after it had been changed to 5:00 pm. ATTACH

pg 7

**OREGON DEPARTMENT OF CORRECTIONS  
INMATE COMMUNICATION FORM**

JUN 23 2015

*[Signature]*TO: Medical Nurse John Date: 6-23-15

State your issue in detail: Hello Sir, this is Dennis Gines and I want to thank you for your excellent care I got from you, changing my bandages from my foot burn! Well, I'm still gonna file a complaint on Nurse McCrae for ripping the bandage from my foot tearing skin off my wound and causing it to bleed. She did this because she was mad at me for having my treatment time changed and did this out of retaliation. She did this on 6-10-15 at 2:00 PM, when she summoned me to Medical. But, unless you and Whitney log my bloody bandage change that you witnessed on 6-11-15, then she's gonna get away with it. Her actions were very unprofessional and unacceptable. Please help by logging that into my Med. file? Thank You for your help John. It's the only time I bleed in 19 days!

Inmate Committed Name (first middle last)	SID#	Housing Unit
Dennis Gines	12019691	D-276-A

Response/Action Taken: Mr. Gines, OSP Health Services Staff are always happy and thankful to hear that their efforts are acknowledged and appreciated.

However, I view this kyte as being highly inappropriate and contains clear evidence of a "staff-splitting" tactic of manipulation. Please discontinue any/all such forms of inappropriate communication with OSP's Health Services Staff. Thank you.

BCN Lagh, RN, NMBrenden Magee, RN, NM

ATTACH

10

Date Received: 6/24/15 Referred To: PG 8Date Answered: 6/24/15 Signature of Staff Member: Lagh, RN, NM

If forwarded, please notify the inmate

**OREGON DEPARTMENT OF CORRECTIONS  
INMATE COMMUNICATION FORM**

JUN 23 2015

By RTO: Medical / Nurse Whitney Date: 6-23-15

State your issue in detail: Hello Ma'am, this is Dennis Gines and I want to thank you for the great care I received from you when you changed my bandage on my foot that was burnt. I told you about the treatment I got from Nurse McCrae when she intentionally tore my bandage from my foot on 6-10-15, causing my foot to bleed. She did this out of retaliation because we changed my treatment time against her wishes. On 6-11-15 when nurse John was changing my bandage, you and him witnessed the only bloody wrap I had throughout 19 days of treatments. She can't treat people like this and unless you and John log seeing my bloody bandage on 6-11-15, she's gonna get away with it! I am asking you to please log what you seen into my Med. file? I appreciate your time Mr. Whitney. Thank You! Dennis

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

D-276-A

Response/Action Taken: Mr. Gines, OSP Health Services Staff are always happy and thankful to hear that their efforts are acknowledged and appreciated. However, I view this note as being highly inappropriate and contains clear evidence of a "staff-splitting" tactic of manipulation. Please discontinue any/all such forms of <sup>inappropriate</sup> communication with OSP's Health Services Staff. Thank you.

BC Magee, RN, NMBrenden Magee, RN, NMDTTsch10

Date Received:

6/24/15

Referral

Date Answered:

6/24/15

Signature

PG 9Magee, RN, NM

\*If forwarded, please notify the inmate

Received on 7-8-15

Hand delivered on 7-1-15

## OREGON DEPARTMENT OF CORRECTIONS

## INMATE COMMUNICATION FORM

TO: Medical Nurse John Date: 7-1-15  
6-23-15

State your issue in detail: Helia Sir, this is Dennis Dines and I want to  
thank you for your excellent care I got from you changing my  
bandages from my feet burns! Well, I'm still gonna file a  
complaint on Nurse McCrae for ripping the bandage from my  
foot tearing skin off my wound and causing it to bleed. She  
did this because she was mad at me for having my treatment  
time changed and did this out of retaliation. She did this on  
6-10-15 at 2:00 pm. when she summoned me to medical. But unless  
you and Whitney log my bloody bandage change that you  
witnessed on 6-11-15, then she's gonna get away with it. Her actions  
were unprofessional and unacceptable. Please help by logging that into  
my Med file? Thank you for your time John, it's the only time  
I bled in 19 days! I need this by the 5th so I can file complaint.

Thank You

Inmate Committed Name (first middle last)	SID#	Housing Unit
Dennis Dines	12019691	D-226-A

Response/Action Taken: Mr. Gines, in accordance to DOC rules and regulations  
related to inmate interactions with staff, and based on the previously  
issued warnings to discontinue your "staff splitting" tactics of manipulation,  
I am now going to issue you a formal report of disciplinary action (DR).

XXX -> In addition any records pertaining to your medical care must be XXX  
obtained through medical records, and not through nursing staff.

Please consider this response as another direct order to cease and desist  
this form of inappropriate communication.

ATTACH

10

BCM Magee, RN, NM  
nden Magee, RN, NM

Date Received: \_\_\_\_\_ Referred \_\_\_\_\_

Date Answered: 7/2/15 Signature pg 10

If forwarded, please notify the inmate

lagu, RN, NM

W was the first warning

D was the first warning

Accident

**NOTICE OF TORT**

To: Oregon Department of Administrative Services  
 Risk Management Division  
 P.O. Box 12009  
 Salem, OR 973009-0009

From: Dennis Gines  
 SID# 12019691  
 2605 State Street  
 Salem, OR 97310

Pursuant to ORS 30.275 Claimant, Dennis Gines, hereby gives notice that a claim for damages is, or will be, asserted against the Oregon Department of Corrections, its subsidiaries, its officers, employees, or agents for the unnecessary harm and suffering caused to Claimant as described below.

**Relevant Facts**

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor and it came from under the grill and immediately filled both of my shoes. This caused severe burns to me feet, which required treatment for over 21 days.

Prior to this incident, I had asked the food manager to provide me with work boots, but he refused. It was explained to me that the culinary department only provided work boots for only a few select inmates (approximately  $\frac{3}{4}$  of the inmates working there) and that I was required to wear my own shoes. This is an unreasonable approach to safety because the entire culinary department contains various hazards, including the boiling water that injured me. I was working with the same hazardous conditions as those who were provided boots. If I had been issued boots, I would not have been injured.

After my injury, I was not assisted with submitting an accident report or provided any instruction for making a claim with the Inmate Injury Fund. In fact, it is apparent that this procedure is deliberately left vague and unexplained in an attempt to confuse those who need to make claims so that they will make procedural mistakes or miss deadlines. In fact, to this date, I have been provided no actual guidance on this matter and I do not know the status of my claim.

As a result of the  
 for the most part until I  
 being scheduled to change  
 bandages, she was delit

ATTACK

PG

OSP infirmary. This treatment went well  
 and McRae. This nurse was angry with me for  
 disagreed with. When changing my  
 wound open by her mistreatment. My



bandage had been changed several times previously and my foot was never re-injured until Nurse McRae deliberately and vindictively ripped the bandage from my foot. It is clear that Nurse McRae retaliated against me and she further damaged my foot as a result. Her treatment of my foot was painful and it caused my injury to take longer to heal than necessary.

### **Relief Requested**

Claimant seeks compensation in an amount to be determined for the injuries suffered by him as a result of the neglect and deliberate indifference by ODOC Officials in failing to provide proper safety equipment and take proper safety precautions to protect me and other workers from harm. This includes a failure to properly train or equip workers under dangerous conditions as well as a failure to provide proper care for a work relate injury.

If further information is desired I can be contacted at the above referenced address. Any offer of a method of resolving my claim should be directed to me at the same address.

Dated this 3<sup>rd</sup> day of November, 2015.

---

Dennis Gines

ATTACH

11

OSBN TORT

TORT CLAIM NOTICE  
[ONE OCCURRENCE, PER FORM]

TO: OREGON DEPARTMENT OF ADMINISTRATIVE SERVICES  
RISK MANAGEMENT  
PO BOX 12009  
SALEM OR 97309-0009

## FROM: CLAIMANT

Legal Full Name: Dennis Lynn Dines  
S.I.D Number: 12019691  
Current Mailing Address: 2605 State st.  
Salem, OR. 97310  
  
Date of Birth: 4-27-69  
Social Security Number: 546-23-1761  
Location of Loss: Oregon State Penitentiary  
Date of Loss: 3-28-17

Pursuant to provisions of ORS 30.275, claimant gives notice that a claim for damages is or will be asserted against the public body or an officer, employee or agent of the public body. Below is a description of the time, place and circumstances giving rise to the claim.

I filed a Medical complaint on nurse Julie McCree and  
nurse Manager Magle on 12-16-15 and got no response  
from letters I sent asking about my case until I sent  
the third letter of concern certified mail. It was only  
then did the Oregon State Board of nursing claim they  
never got my complaints which is outrageous! I then  
sent them a second Package of new complaints and  
I also sent copies of my first complaints and a copy  
of my alarming hand written letter. I requested my  
first complaints be investigated as to what happened  
to them as well as a copy of my Mail log showing  
I did send this Packet. Oregon State Board of nursing  
never investigated my first complaints and denied  
my second legitimate claims of Malpractice.  
Fighting I got sound medical care and they found  
nothing wrong with me was ripping our bandages  
off of our wounds.  
to see if there was  
the Governor a Cost  
for a Complaint on a  
hand back from a

Attach 11  
by call OSBN.  
to what I sent  
-28-17 asking  
how what?

PD 3

**TORT CLAIM NOTICE**  
 [ONE OCCURRENCE, PER FORM]

*I also sent the Board of Nursing a certified letter asking for an appeal on 3-28-17 and have not gotten a response at all!*

It is a claimant's responsibility to prove their allegations. Claimant must provide documentation before Risk Management begins an investigation with Dept. of Corrections. Provide any notes, grievances, property inventory, canteen receipts and incident reports that substantiates your claim.

Document Enclosure(s): YES ☒ NO ☐

Claimant Signature: Dennis Sines

SID: 12019691

Date Signed: 5-15-17

**Name and Addresses of Defendants/State Employees**

OSPN  
17438 SW Upper Boonville Ferry rd  
Portland, OR 97224-7413

Rolanta Peak  
Complaint Intake Coordinator

[SUPERINTENDENT]

After certain date \_\_\_\_\_  
 my address will be \_\_\_\_\_

DTT Ach

11

pg 4

*Magee**my copy*

X

**NOTICE OF TORT**

To: Oregon Department of Administrative Services  
 Risk Management Division  
 P.O. Box 12009  
 Salem, OR 973009-0009

From: Dennis Gines  
 SID# 12019691  
 2605 State Street  
 Salem, OR 97310

Pursuant to ORS 30.275 Claimant, Dennis Gines, hereby gives notice that a claim for damages is, or will be, asserted against the Oregon Department of Corrections, its subsidiaries, its officers, employees, or agents for the unnecessary harm and suffering caused to Claimant as described below.

**Relevant Facts**

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department and I went to the OSP infirmary for treatment. My injuries required a daily change of bandages over several weeks. During one of my changes, I was treated by Nurse McCrae, who was angry over the fact that I came to the infirmary at a time with which she did not agree. She expressed her anger at me and suggested I had somehow manipulated the timing of my bandage change even though I have nothing to do with scheduling or issuing passes to the OSP infirmary.

Nurse McCrae continued to be angry while changing my bandage and deliberately yanked the old bandage from my wound, thereby ripping the tender skin, re-injuring my wound, causing me serious suffering, and causing it to bleed.

On 06-11-2015, the day after Nurse McCrae's medical abuse, during my next treatment, I explained the abuse to RN J. Olachea, who was very apologetic. I asked him to please bring a second nurse to witness the bloody bandage that was being changed. RN. W. Hughes then entered the room and I explained what Nurse McCrae did to my injury the day before. I wanted both of them to witness the bloody bandage, after all, they had changed most of my bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

Unfortunately, my medical file had been misplaced for several days prior to this incident and I asked both Nurses, Olachea and Hughes, to please take a mental note and to please document their findings into my medical file as soon as it was located. They said they would.

When I did not hear back from them within the 30-day limit to file a grievance, I sent them both kytes (communication forms) to remind them that they said they would make a notation of the condition of my foot in my file. I did not get a response from them, so I sent them follow-up kytes expressing my concerns. Instead of getting a response back from either nurse Olachea or Hughes, I received a response to both of my kytes from Nurse Manager Magee on the same day. In one response, he ~~accused me of using "staff splitting t~~ *more kytes to his nurses and attempting to do was to have*

*ATTACK**12*

X

my medical file updated to accurately reflect what occurred. The next day, Nurse Manager Magee issued me an Disciplinary Report for writing to his nurses.

It is clear that Nurse manager Magee intercepted all of my kytes in a deliberate effort to prevent me from documenting the improper actions and abuse of one of his nurses, Nurse McCrae. To do this, he falsely accused me of attempting to cause problems between staff. " This was completely wrong. The only request I made in my communications to Nurses Olachea and Hughes was to log the incident they witnessed into my medical file.

I am entitled to have my medical file accurately reflect the truth. It was actually Nurse Manager Magee that was seeking to manipulate my file. Moreover, I am required by rule to document and prove any grievance claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120(4) states that "staff should make every effort to respond to an inmate communication form within seven days of receipt. It does not say that other staff should intervene in the communication. However, nurse manager Magee intervened and did not allow this process to occur. Instead, nurse Manager Magee directly ordered me not to communicate with staff, thereby in violation of the aforementioned rule, and issued a disciplinary report for my attempts to have my medical file updated accurately.

Nurse Manager Magee attempted to cover-up the abuse by Nurse McCrae and, in doing so, violated my right to be free from cruel and unusual punishment under the constitutions of both Oregon and the United States. Nurse Magee also engaged in obstruction of governmental or judicial administration under ORS 162.235. Additionally, he tampered with witnesses in violation and public records in violation of ORS 162.285 and 162.305. Furthermore, nurse manage Magee engaged in coercion in violation of OAR 163.275 when he improperly attempted to force, or intimidate, me into abstaining from seeking to update my medical records and to complain about Nurse McCrae.

The witnesses to this matter are OSP nurses Olachea and Hughes. I am also including the documentation mentioned in this notice, including the kytes to Olachea and Hughes in which he responded as well as the disciplinary report he improperly issued. *I am also including the 3 page Kyte I sent RN. McCrae and one to Health Services manager Carrie Caffery with my concerns and all Relief Requested were responded by nurse manager Magee.*

Claimant seeks compensation in an amount to be determined for the injuries suffered by him as a result of Nurse Magee's attempt to cover-up wrongdoing by others in the OSP infirmary.

If further information is desired I can be contacted at the above referenced address. Any offer of a method of resolving my claim should be directed to me at the same address.

Dated this 9<sup>th</sup> day of December, 2015.

Dennis Gines  
Dennis Gines

ATTch

12

pg

2



My copy

Sent on 11-3-15

**NOTICE OF TORT**

To: Oregon Department of Administrative Services  
 Risk Management Division  
 P.O. Box 12009  
 Salem, OR 97309-0009

*R Mc Julie McCrae  
 as mentioned.*

From: Dennis Gines  
 SID# 12019691  
 2605 State Street  
 Salem, OR 97310

Pursuant to ORS 30.275 Claimant, Dennis Gines, hereby gives notice that a claim for damages is, or will be, asserted against the Oregon Department of Corrections, its subsidiaries, its officers, employees, or agents for the unnecessary harm and suffering caused to Claimant as described below.

**Relevant Facts**

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor and it came from under the grill and immediately filled both of my shoes. This caused severe burns to me feet, which required treatment for over 21 days.

Prior to this incident, I had asked the food manager to provide me with work boots, but he refused. It was explained to me that the culinary department only provided work boots for only a few select inmates (approximately ¼ of the inmates working there) and that I was required to wear my own shoes. This is an unreasonable approach to safety because the entire culinary department contains various hazards, including the boiling water that injured me. I was working with the same hazardous conditions as those who were provided boots. If I had been issued boots, I would not have been injured.

After my injury, I was not assisted with submitting an accident report or provided any instruction for making a claim with the Inmate Injury Fund. In fact, it is apparent that this procedure is deliberately left vague and unexplained in an attempt to confuse those who need to make claims so that they will make procedural mistakes or miss deadlines. In fact, to this date, I have been provided no actual guidance.

As a result of this injury, I have been provided no actual guidance. ATTACH 13  
 As a result of this injury, I have been provided no actual guidance. PG 1

not know the status of my claim. I am in a bind. This treatment went well for me. This nurse was angry with me for not knowing the status of my claim. When changing my bandages, she was deliberately robbing me of my dignity by her mistreatment. My

bandage had been changed several times previously and my foot was never re-injured until Nurse McRae deliberately and vindictively ripped the bandage from my foot. It is clear that Nurse McRae retaliated against me and she further damaged my foot as a result. Her treatment of my foot was painful and it caused my injury to take longer to heal than necessary.

### Relief Requested

Claimant seeks compensation in an amount to be determined for the injuries suffered by him as a result of the neglect and deliberate indifference by ODOC Officials in failing to provide proper safety equipment and take proper safety precautions to protect me and other workers from harm. This includes a failure to properly train or equip workers under dangerous conditions as well as a failure to provide proper care for a work relate injury.

If further information is desired I can be contacted at the above referenced address. Any offer of a method of resolving my claim should be directed to me at the same address.

Dated this 3<sup>rd</sup> day of November, 2015.

*I am re-submitting this notice of tort with the correct spelling of  
nurse Julie McRae  
Dennis Gines  
11-20-15*

*Dennis Gines*  
Dennis Gines

ATTACH (B)

Pg 2 (B)

for Tort corrections My Copy - sent on: 11-20-15

Dear Oregon Dept. of Admin. Services, Risk Management Division

Well, my name is Dennis Gines and I filed a notice of tort for injuries that were deliberately caused by nurse McCrae here at OSP, on my foot while - changing my bandage from an unrelated accident. The notice of tort Dated 11-3-15, had the wrong spelling of the nurse involved. This new notice of tort has the corrections on it and please let the records show, I am explaining the re-injuries I got from "registered nurse Julie McCrae", here at Oregon State Pen. Thank you for your time!

Please see attached

Sincerely - Dennis Gines!

Additionally: I am also re-submitting the notice of tort in which I have a claim number, L158149 also with the correct spelling of R.N. Nurse Julie McCrae that's involved. Thank you again!

Please see attached

ATTACH

13

P93 9

*My copy**sent on 11-3-15***NOTICE OF TORT**

To: Oregon Department of Administrative Services  
 Risk Management Division  
 P.O. Box 12009  
 Salem, OR 973009-0009

*R.N. Julie McCrae*

From: Dennis Gines  
 SID# 12019691  
 2605 State Street  
 Salem, OR 97310

Pursuant to ORS 30.275 Claimant, Dennis Gines, hereby gives notice that a claim for damages is, or will be, asserted against the Oregon Department of Corrections, its subsidiaries, its officers, employees, or agents for the unnecessary harm and suffering caused to Claimant as described below.

**Relevant Facts**

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor and it came from under the grill and immediately filled both of my shoes. This caused severe burns to me feet, which required treatment for over 21 days.

During one of my treatments, I was having my bandages changed by a Nurse named McCrae. Nurse McCrae was angry with me for being scheduled to change my bandages at a time she disagreed with. While changing my bandages, she was deliberately rough and she tore my wound open by her mistreatment. My bandage had been changed several times previously and my foot was never re-injured until Nurse McCrae deliberately and vindictively ripped the bandage from my foot. It is clear that Nurse McCrae retaliated against me and she further damaged my foot as a result. Her treatment of my foot was painful and it caused my injury to take longer to heal than necessary.

I complained of Nurse McCrae's actions that re-injured my foot, but prison officials have been deliberately indifferent to my concerns. Instead of reprimanding Nurse McCrae, prison officials have retaliated against me for making a complaint. This went so far as to issue me a disciplinary violation for seeking to expose Nurse McCrae's actions.

**Relief Requested**

I am seeking compensation in an amount to be determined for the injuries I incurred as a result of the negligent or deliberate harm caused to me by Nurse McCrae. I am also seeking compensation for the deliberate indifference of prison officials in failing to take proper action to protect me and others from further harm by Nurse McCrae.

If further information is desired I can be contacted at [redacted] address. Any offer of a method of resolving my claim should be directed to [redacted] s.

Dated this 3<sup>rd</sup> day of November, 2015.

*I am re-submitting this note pg 40*  
*nurse Julie McCrae.*  
*Dennis Gines*

*correct spelling of*  
*1-15*

C. Caffey

TORT CLAIM NOTICE  
[ONE OCCURRENCE, PER FORM]

TO: OREGON DEPARTMENT OF ADMINISTRATIVE SERVICES  
RISK MANAGEMENT  
PO BOX 12009  
SALEM OR 97309-0009

## FROM: CLAIMANT

Legal Full Name: Dennis Lynn Gines Jr.  
S.I.D Number: 12019691  
Current Mailing Address: 2605 State St.  
Salem, OR, 97310  
  
Date of Birth: 4-27-69  
Social Security Number: 546-23-1761  
Location of Loss: Oregon State Pen.  
Date of Loss: 11-27-17

Pursuant to provisions of ORS 30.275, claimant gives notice that a claim for damages is or will be asserted against the public body or an officer, employee or agent of the public body. Below is a description of the time, place and circumstances giving rise to the claim.

I was re-injured by a nurse that used to be employed here at the Oregon State Pen. infirmary. She intentionally tore my bandage from my burn wound, from my feet out of anger. I filled a Notice of tort on her dated 11-3-15 for her medical abuse. I also attempted to file a complaint on this nurse with the Oregon Board of Nursing explaining she caused my wound to bleed and it took longer to heal. They claim they don't see anything wrong with a nurse, on their watch, ripping off my bandage. I filed several grievances on several medical staff for causing up my abuse. I mention another nurse that was my witness to the only bloody bandage I had, the day after I was abused. I sent two kites to this witness asking for her to call me in so I could let her read my legal documents and again for a reminder of my case. I also asked if the board of nursing has contacted her in regards of me? I was then told by Nurse Masson Carrie Gaffey Caffey my kites ~~was~~ when inappropiate. I have a legal right to follow ATTACH pg 5 a reason she deemed them to cover up the medical is. the only is to continue my intercepted -



**TORT CLAIM NOTICE**  
 [ONE OCCURRENCE, PER FORM]

*my kites, so, I was unable to contact nurse Whytney Hughes. We have a legal right to have our communication forms answered by the person they are addressed to.*

It is a claimant's responsibility to prove their allegations. Claimant must provide documentation before Risk Management begins an investigation with Dept. of Corrections. Provide any kites, grievances, property inventory, canteen receipts and incident reports that substantiates your claim.

Document Enclosure(s): YES ☒ NO ☐

Claimant Signature: Dennis Jones

SID: 12019691 Date Signed: 12-5-17

**Name and Addresses of Defendants/State Employees**

MSM, Carrie Caffery O.S.P.  
2605 State St.  
Salem, OR. 97310

[SUPERINTENDENT]

Brandon Kelly

After certain date \_\_\_\_\_  
 my address will be \_\_\_\_\_

*ATTAC*

*pg 6*

*B*

3-28-17

Dear Marion County DA,,

Hello my name is Dennis Sines and I am at the Oregon State Pen. Almost two years ago I was badly hurt here on both feet while at work in the Kitchen. I was then re-injured by one of the nurses here when she intentionally tore my bandage off of my wound out of anger. Everybody from the nurses involved to the Oregon State of Nursing are trying to cover up this issue. You are my last hope in holding these people involved - accountable for their crimes, corruption! I have lots of Paperwork and I can send you copies once I hear back from you. - I hope you contact me soon because, I am running short on time! Thank you for your consideration!

Respectfully - Dennis Sines!

Dennis Sines 12019691  
2605 State St.  
Salem, OR, 97310

Attachment 14  
Page 1

PAIGE E. CLARKSON  
JEAN L. KUNKLE  
BRENDAN MURPHY  
AMY M. QUEEN  
KATIE A. SUVER  
ADULT PROSECUTION  
TRIAL TEAM SUPERVISORS  
VANESSA COGGINS  
ADMINISTRATIVE MANAGER

WALTER M. BEGLAU  
DISTRICT ATTORNEY



MARION COUNTY DISTRICT ATTORNEY  
P.O. BOX 14500, 555 COURT ST NE  
SALEM, OREGON 97309

CONCETTA SCHWESINGER  
SUPPORT ENFORCEMENT  
TRIAL TEAM SUPERVISOR

DAVID WILSON  
JUVENILE DIVISION  
TRIAL TEAM SUPERVISOR

KIMBERLY A. LARSON  
VICTIM ASSISTANCE DIRECTOR

April 28, 2017

DENNIS GINES, SID 12019691  
OREGON STATE PENITENTIARY  
2605 STATE ST.  
SALEM, OR 97310

Dr. Mr. Gines,

We are in receipt of your letter dated March 28, 2017. We are not an investigating agency, we are forwarding your information to the Oregon State Police.

Sincerely,

A handwritten signature in black ink, appearing to be 'Paige Clarkson', written over the word 'Sincerely,'.

PAIGE CLARKSON, OSB #992430  
Deputy District Attorney  
Marion County

PEC:ms

Cc: Sgt. Matt Lawson, Oregon State Police

Attachment 14

Page 2

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

JUN 23 2015

TO: Medical Nurse Jahn Date: 6-23-15

State your issue in detail: Hella Sir, this is Dennis Dines and I want to  
thank you for your exsistent care I got from you, changing  
my bandages from my foot burn! Well, I'm still gonna  
file a complaint on Nurse McCrae for ripping the bandage from  
my foot tearing skin off my wound and causing it to bleed  
She did this because she was mad at me for having my  
treatment time changed and did this out of retaliation. She did  
this on 6-10-15 at 2:00 PM. when she summand me to Medical.  
But, unless you and Whitney log my bloody bandage change  
that you witnessed on 6-11-15, then she's gonna get away  
with it. Her actions were very unprofessional and unexceptable.  
Please help by logging that into my Med. file? Thank You  
for Your help Jahn. Its the only time I bleed in 19 days

Inmate Committed Name (first middle last)

Dennis Dines

SID#

12019691

Housing Unit

D-276-A

Response/Action Taken: Mr. Gines, OSIP Health Services Staff are always happy and  
thankful to hear that their efforts are acknowledged and appreciated.

However, I view this kyte as being highly inappropriate and contains clear  
evidence of a "staff-splitting" tactic of manipulation. Please discontinue  
any/all such forms of in: Attachment 1 B  
Services Staff. Thank you

BCU Magg, RN, NM  
Brenden Magee, RN, NM

pg ~~2~~ 1

Date Received: 6/24/15

Referred To\*: \_\_\_\_\_

Date Answered: 6/24/15

Signature of Staff Member: \_\_\_\_\_

BCU Magg, RN, NM

\*If forwarded, please notify the inmate

**OREGON DEPARTMENT OF CORRECTIONS  
INMATE COMMUNICATION FORM**

JUN 23 2015

TO: Medical / Nurse Whitney Date: 6-23-15

State your issue in detail: Hello Ma'am, this is Dennis Gines and I want to thank you for the great care I received from you when you changed my bandage on my foot that was burnt. I told you about the treatment I got from Nurse McCrae when she intentionally tore my bandage from my foot on 6-10-15, causing my foot to bleed. She did this out of retaliation because we changed my treatment time against her wishes. On 6-11-15 when nurse Jahn was changing my bandage, you and him witnessed the only bloody wrap I had throughout 19 days of treatments. She can't treat people like this and unless you and Jahn log seeing my bloody bandage on 6-11-15, she's gonna get away with it! I am asking you to please log what you seen into my Med. file? I appreciate your time Mo. Whitney. Thank You! Dennis

Inmate Committed Name (first middle last)

SID#

Housing Unit

Dennis Gines12019691D-276-A

Response/Action Taken: Mr. Gines, DSP Health Services Staff are always happy and thankful to hear that their efforts are acknowledged and appreciated. However, I view this kyle as being highly inappropriate and contains clear evidence of a "staff-splitting" tactic of manipulation. Please discontinue any/all such forms of <sup>Inappropriate</sup> communication with DSP's Health Services Staff. Thank you.

BCM Magee, RN, NMATTACH-16Brenden Magee, RN, NMP9 1

Date Received:

6/24/15

1

Date Answered:

6/24/15

Signature of Staff Member:

BCM Magee, RN, NM

'If forwarded, please notify the inmate



Received on 7-8-15

Hand delivered on 7-1-15

## OREGON DEPARTMENT OF CORRECTIONS

## INMATE COMMUNICATION FORM

TO: Medical Nurse Jahn Date: 7-1-15  
6-23-15

State your issue in detail: Hello Sir, this is Dennis Dines and I want to  
thank you for your excellent care I got from you changing my  
bandages from my foot burns. Well, I'm still gonna file a  
complaint on Nurse McCrae for ripping the bandage from my  
foot tearing skin off my wound and causing it to bleed. She  
did this because she was mad at me for having my treatment  
time changed and did this out of retaliation. She did this on  
6-10-15 at 2:00 pm. when she summoned me to medical. But unless  
you and Whitney log my bloody bandage change that you  
witnessed on 6-11-15, then she's gonna get away with it. Her actions  
were unprofessional and unacceptable. Please help by logging that into  
my Med file. Thank you for your time Jahn, it's the only time  
I liked in 19 days. I need this by the 5th so I can file complaint.

Thank You

Inmate Committed Name (first middle last)	SID#	Housing Unit
Dennis Dines	12019691	D-276-A

Response/Action Taken: Mr. Gines, in accordance to DOC rules and regulations  
related to inmate interactions with staff, and based on the previously  
issued warnings to discontinue your "staff splitting" tactics of manipulation,  
I am now going to issue you a formal report of disciplinary action (DR).

XXX In addition any records pertaining to your medical care must be XXX  
obtained through medical records, and not through nursing staff.

Please consider this response as ATTACH - 17 to cease and desist  
this form of inappropriate con

Pg. 1

BCM Magr, RN, NM  
renden Magee, RN, NM

Date Received: \_\_\_\_\_ Ref: \_\_\_\_\_

Date Answered: 7/2/15 Signature of Staff Member: BCM Magr, RN, NM

If forwarded, please notify the inmate

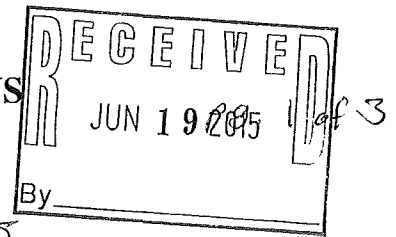
I was not asking for

Picard

W was the first warning

I recieved on 6-25-15 per Copy.

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**



**TO:** Medical / McChae **Date:** 6-10-15

State your issue in detail: On May 30<sup>th</sup>, I was burned badly on both feet with boiling water. After soaking in ice, I was cleaned and bandaged by nurse Joe. I was given a lay in, shower shoe Pass and asked, what time I wanted my daily treatments and to keep in mind, that time will remain the same thought your treatments". I kept "my daily schedule" in mind and asked for 6pm, got my daily Pass and was getting great care until on / or around June 4<sup>th</sup>, at which time you were on duty. You immediately gave me an attitude because I was there at 6pm. You were very rude and insistant on 3pm visits starting on June 5<sup>th</sup>, I was not in agreeance but, not wanting to have a confrontation with you, I went home to my cell. At which time, I recieved my "Yellow Pass" for 6pm on the 5<sup>th</sup> of June. I tried to get out at 3pm but, was denied by a C/O. I then used my "Yellow Pass" at 6pm. to get to the infirmary for treatment and then asked the nurse on duty to please put me back on for 6pm. After all, I was already getting my "Yellow Pass" for 6pm and I have every since!

Inmate Committed Name (first middle last)

Dennis Dines

SID#

12019691

Housing Unit

D-276-A

**Response/Action Taken:** During my treatments, all of the other nurses were

great and never said anything about my treatments at 6pm! On 6-9-15, I was extended for treatments for one more week because my feet was not healed yet.

Nurse Jahn at my request and witness too, he updated all of my Passes - including my 6pm treatments, I even watched him put it on the 400, "SID Problems". Then on the 10<sup>th</sup> of June at 2:45pm, hours before my Pre-scheduled treatments, I was summoned by you. When I seen it was wrong with my file?

ATTACHMENT by you. When I seen it was or maybe there was something

PS. I

Date Received: \_\_\_\_\_

Date Answered: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_

If forwarded, please notify the inmate

I am next Page

PS. 1 of 3

CD 214 (12/04)

Her Copy.

OREGON DEPARTMENT OF CORRECTIONS  
INMATE COMMUNICATION FORM

DECEIVE	JUN 19 2015	pg. 2 of 2
By _____		

TO: Nurse McCrae Date: 6-10-15 cont. from pg. 1

State your issue in detail: Then you said, "I thought I changed you for 3pm?"

You said this with a huge attitude so, I knew right away, you called me up there to harass me because I had it changed against your Personal wishes it had nothing to do with your Professional opinion! You then insisted I get my bandage changed right then. As you began to totally manhandle my bandages, you asked "don't you expire tomorrow?" I told you I got - extended for treatment and you got mad saying, "NO", "you don't need it!" You assumed I was healed as you began to tear the bandages from my feet. I told you "I was tender still" but, you were still pulling at them. I again said, "I'm still sore!" You said "oh sorry" as you tore the last piece off. You tore skin off and caused my wound to bleed. It was then, that you realized the wounds were still fresh but, it was too late by then, you already caused the reversal healing of my wound! You then put a crude bandage back on and I asked to stay in at 6 PM. and you said, "nope, it's

Inmate Committed Name (first middle last)

SID#

Housing Unit

Dennis Gines

12019691

D-276-A

Response/Action Taken: too late, it's already changed for 3 PM. You then instructed me "to go"! Not even giving me an up-dated Pass for the rest of my treatments. But, not wanting to deal with you anymore, I left! So, you took my changing the time Personal, if not, why did you call me up there how before my scheduled change at 6 PM. and change the time again? You did this to "get even with me", and if you would have been easier while unwrapping my bandage, you would not have caused unnecessary pain and suffering. Your actions today were completely unprofessional to say the

Date Received: \_\_\_\_\_

Date Answered: \_\_\_\_\_

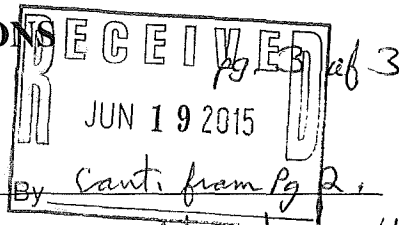
\*If forwarded, please notify the inmate

pg 2

an next page.

Her Copy.

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**



TO: Medical / McCrae Date: 6-10-15 By Santi from Pg 2,

State your issue in detail: Can You Please tell me why you would act in this matter and when I'm gonna get my Physicians Pass to repair the damage you caused? And to finish my treatments in hopes I don't get an infection from your abuse? You changed my bandage with contaminated gloves too, you exposed my wound to infections and viruses! Why would you do this to me? And why intentionally??? Is this not malpractice?

PS: Please view and return all 3 Kytes with your response.

Inmate Committed Name (first middle last)	SID#	Housing Unit
<u>Dennis Gines</u>	<u>12019691</u>	<u>D-276-A</u>

Response/Action Taken: Mr. Gines, RN, McCrae deferred her response to a Nurse Manager, so I will attempt to summarize the issue. RN McCrae does not believe that any personal factors influenced her actions, and that they were driven by nursing and departmental policies and procedures, as your medical records reflect. Please see my response to your Kyte addressed to Carrie Coffey, for further clarification. Thank you. — BCL Magee, RN, NM  
Brenden Magee, RN, NM

Attack 19

Date Received: 6/22/15

Date Answered: 6/23/15

If forwarded, please notify the inmate

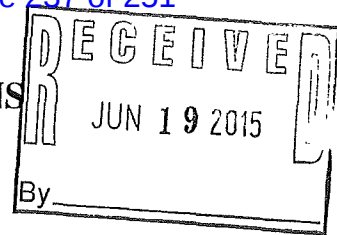
P 93

BCL Magee, RN, NM

g. 3 of 3



**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**



TO: Health Service Mgr. Carrie Coffey Date: 6-10-15

State your issue in detail: Helba Ma-am, my name is Dennis Gines and I have a situation I hope you'll help with? To make a long story short, I was burned on my feet with boiling water on 5-30-15 and was receiving daily care. On/around the 4<sup>th</sup> of May while receiving my treatment at 6 PM. Nurse McCrae was on duty and made I was there at 6 PM. she was very rude and insistant on changing it to 3 PM. this was against my will so I left and the next day June 5<sup>th</sup>; I asked another nurse to put me back on for 6 PM, and she did! Mrs. McCrae took this totally personal as she called me up for treatment on 6-10-15, at which time, she assumed my wounds were healed as she tore my bandages off of my wounds. I told her they were still tender and again, I told her they were sore and her response was "oh I'm sorry"! As she ripped the last piece off, she tore my skin on my wound causing it to bleed. She did all of this with contaminated gloves and her actions were completely intentional. Once she seen the wound was still fresh, it was too late at that point, she had already caused me unnecessary pain and suffering.

Inmate Committed Name (first middle last)

SID#

Housing Unit

Dennis Gines

12019691

D-276-A

Response/Action Taken: Now I have to worry everyday that I'm gonna get an infection and/or Viruses because of her abuse! I am asking you to not allow her to harass me in any way or allow her to abuse me any longer? Thank you! I intend to file a complaint on Mrs. McCrae, just wanted you to know.

If you have questions Please contact me? Sincerely, Dennis Gines,

Mr. Gines, I will respond to your concerns on behalf of Carrie Coffey, who is unavailable.

First, I believe there is a miscommunication. Sick call ends at accordance to OSP Health Services

ATTN

20

including sick call or treatment and RN McCrae was acting in

to change your.... continued on attached paper.

pg 1

Date Received: 6/22/15

Date Answered: 6/23/15

Signature of Staff Member:

Bob Laguer, RN

\*If forwarded, please notify the inmate



- Attachment to Kyte from Dennis Gines (12019691) received on 6/19/15

2 of 2

Continued from Kyte response...

- appointments from 6:00 pm to 3:00 pm. Unfortunately, this mistaken situation is a result of your appointments being scheduled too late in the day, initially, and then changed back. I apologize for the confusion this caused you, but 3:00 pm is a realistic and valid appointment time, regardless of anybody's personal preference.

In addition, I'm sorry for your perception and feelings that RN McCrae acted, or performed her duties, in a retaliatory manner. We in Health Services are driven to provide the best patient care we can while creating a healthy, therapeutic environment within our clinic. At this time, I am unable to uncover any information which might suggest that RN McCrae was acting unprofessionally, or performed any acts of abuse or negligence, but encourage you to continue to work with our Health Services department to promote your speedy recovery to full-health. Also, please provide evidence to support any/all claims of professional misconduct or malpractice. Thank you for allowing me to help clarify this situation.

Brenden Magee, RN, NM

BCH@agm.rn, nm

Note: "yellow" call-outs are issued a day in advance, which will probably explain why you received another call-out for 6:00 pm after it had been changed to 3:00 pm, the day before.

DTTack 20

P92

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

Triaged

Date: 4-12-17  
Initials: 2TO: Medical - Coffey - ASPDate: 4-10-17

State your issue in detail:

You intercepted and interfered with two Kytes I recently sent to other staff member, other than you! One Kyte addressed to RN. Hughes stated, "Hello Ma-am, you probably don't remember me!" Can you please tell me if the Oregon State Board of nursing has contacted you in regards of me? Thank you for your time!" Respects - Dennis Gines!"  
In your response you state, "My Kyte is inappropriate" and the middle of your response is unedgible - unclear, it then states, "Please don't make similar moves in the future?" How is my Kyte with my legitimate medical history concern inappropriate? Please explain, (see copy of Kytes attached)? Also, is this your continued attempts to cover up the medical abuse I in fact had to endure at the hands of another OSP medical staff? By announcing my Kytes as "inappropriate"? Please explain?

Inmate Committed Name (first middle last)

SID#

Housing Unit

Dennis Gines12019691C-212-B

Response/Action Taken:

As stated your moving is inappropriate. You are free to make complaints to the nursing board; however your moving to staff if they have been interviewed should not occur.

ATTACH

20

Date Received:

Date Answered:

4/13/17

P93

If forwarded, please notify the inmate

CD 214 (12/04)

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

TO: Medical / HughesDate: 3-14-17

State your issue in detail:

Helba ma-am, my name is Dennis Gines  
and you probably don't remember me! Can you please tell  
me if the Oregon State Board of Nursing has contacted  
you in regards of me? Thank you for your time!

Respects - Dennis Gines!

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

C-212-B

Response/Action Taken:

Mr. Ginos - your Kyle is inappropriate,  
if you made a complaint the  
board would go as appropriate.  
Please do not make similar moves  
in the future.

Injured

Date:

Initials:

3/16/17MM

Date Received:

Date Answered:

3/17/17

If forwarded, please notify the inmate

Attach

20

P94

CD 214 (12/04)

**OREGON DEPARTMENT OF CORRECTIONS**  
**INMATE COMMUNICATION FORM**

TO: Medical /OSPDate: 3-8-17

State your issue in detail: Wella, I recently recieved some documents from OSBN. and I need to let RN. Whitney Hughes read them so she can brought up to speed. Miss Hughes has int done anything wrong but, this is important she read - these! Thank you!

Respects - Dennis Sines!

Inmate Committed Name (first middle last)

Dennis Sines

SID#

12019691

Housing Unit

C-212-B

Response/Action Taken:

W Rytowyou can attach them to**Triaged**Date: 3/9/17Initials: AS

Date Received:

R

Date Answered:

3/10/17

S

If forwarded, please notify the inmate

NTTGAH20PS SCoffeyca  
RN



Oregon Department of Corrections (ODOC)  
Oregon State Penitentiary  
Returned Grievance Form

To: Gines, Dennis  
From: Kidwell, A

SID #: 12019691  
Date: 07/26/2017

Cell: OSP:C-212B

Re: Non-Medical# OSP\_2017\_07\_088

*Denied Cabbey*

The grievance you submitted is being returned to you due to non-compliance with the Department of Corrections (DOC) Rule #109 (Grievance Review System) for the following reason(s):

The rule titled Grievance Review System (Inmate) 291-109-0160 (1b) states, "The **grievance coordinator** will coordinate with the appropriate staff or, if deemed more suitable, the appropriate manager by sending the grievance and response form to the staff or manager respondent for reply."

The grievance rule provides no accommodation for the inmate filing the grievance to mandate who answers the grievances.

You have not demonstrated how staff has misapplied any administrative directive, unprofessional behavior, or operational procedural error.

If you have any questions regarding grievances, please refer to the Department of Corrections Administrative Rule "Inmate Communication and Grievance Review System" tab #109 located in the Legal Library.

*Attach*

*21*

*pg 1*



1062

Grievance # OSP 2017-07-088

Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☒ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 6-23-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I am grieving medical services manager (MSM). -  
 Carrie Coffey for your failure to respond personally  
 to my grievance #OSP 2017-04-057 dated 5-27-17 after many  
 resubmissions for corrections. I have a right by rule,  
 by law to hear directly from the one I grieved. You are  
 trying to evade your accountability by having another  
 staff member respond to your grievances!! Also, you  
 and the manager responding, which has a vendetta against  
 me, denying me relief out of retaliation for grievances I  
 filed on him in the Past. You as his boss, has allowed

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

this to take place which is several violations of my  
 Constitutional Rights!! You also violated my rights  
 to our grievance system by not responding yourself!!

7-21-17  
 Date

Dennis Gines  
 Inmate Signature *cant.*

DENIED

JUL 26 2

ATTACK

lity  
acity)

21

Distribution:

White (Original grievance form)

Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

GRIEVANCE COORD

pg 2

Received at Processing Facility

RECEIVED

JUL 26 2017

GRIEVANCE COORDINATOR

Date Stamp

For grievance information see back page

2 of 2

Grievance # OSP 2017-07-988  
Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☒ The lack of an administrative directive or operational procedure
- ☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- ☒ Any oversight or error affecting an inmate
- ☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- ☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- ☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 6-23-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Actions I want taken to resolve this grievance is:#1. Stop aluding your grievances and respond Personally#2. Answer all of my concerns in detail including my original grievance of your continued cover up attempts IE, transferring a witness out of OSP infirmary so I cannot speak to them Personally, firing the nurse that caused my Pain and suffering. You need to be reprimanded for All of your efforts to cover up my

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

medical abuse to this day!!Please see attached copies of my original grievance and another staff's response with your signature.7-21-17  
Date

DENIED

Dennis Gines  
Inmate Signature

JUL 26 2017

Distribution:  
White (Original grievance form)  
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Pink (Inmate receipt after processed)  
Goldenrod (Inmate copy)

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pg 3

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GRIEVANCE COORDINATOR

Date Stamp

For grievance information see back page

**GRIEVANCE RESPONSE FORM****TO BE FILLED OUT BY STAFF****Grievance #** OSP 2017-04-057

TO: Gines, Dennis #12019691  
Inmate/Client Name Institution #  
 FROM: B. Magee, RN, NM  
Staff Member

1. List, in detail, action(s) taken. (What action was taken? Was the action what the client requested? If not, why? Who took the action? When was the action taken – date/time?)

Sir,

I have read your grievance and researched your complaint. Medical Services Manager (MSM) Carrie Coffey has responded to your written communications promptly and respectfully, and provided directives which are well within her scope as a medical services supervisor. Her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a Registered Nurse under her supervision. Although you are entitled to voice complaints about the services you receive within the DOC through the formal grievance process, Oregon Board of Nursing, or Oregon legal system, you are not entitled to address investigatory inquiries directly with a DOC staff member. If an inquiry is to be conducted, it will be conducted between the official investigatory office or representative and the staff member(s) in question. There is no evidence which suggests that MSM C. Coffey has attempted to "cover up" any medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempted interactions with DOC staff. Please continue to work with health services regarding your medical concerns.

Thank you.

Do Not Type Past This Line

Date:

6/23/17

Signature of Staff Member

B. Magee, RN, NM

Supervisor

ATTACH

21

RG 4



Oregon Department of Corrections (ODOC)  
Oregon State Penitentiary  
Returned Grievance Form

To: Gines, Dennis  
From: Kidwell, A

SID #: 12019691  
Date: 07/26/2017

Cell: OSP:C-212B

Re: Medical# OSP\_2017\_07\_089

*Denied Mague*

The grievance you submitted is being returned to you due to non-compliance with the Department of Corrections (DOC) Rule #109 (Grievance Review System) for the following reason(s):

Multiple issues being grieved. You have outline issues regarding grievance response, filing conduct reports, medical abuse, incidents with the Oregon board of nursing and answering of inmate communications.

291-109-0140

Grievance Review System

(1) General Requirements: (d) An inmate grievance may request review of just **one** matter, action or incident per inmate grievance form.

The rule titled Grievance Review System (Inmate) 291-109-0160 (1b) states, "The grievance coordinator will coordinate with the appropriate staff or, if deemed more suitable, the appropriate manager by sending the grievance and response form to the staff or manager respondent for reply."

The grievance rule provides no accommodation for the inmate filing the grievance to mandate who answers the grievances.

You have not demonstrated how staff has misapplied any administrative directive, unprofessional behavior, or operational procedural error.

If you have any questions regarding grievances, please refer to the Department of Corrections Administrative Rule "Inmate Communication and Grievance Review System" tab #109 located in the Legal Library.

*Attach 22*

*pg 1*

1 of 4 Grievance # OSP-2017-07-089  
Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L. 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☒ The lack of an administrative directive or operational procedure
- ☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- ☒ Any oversight or error affecting an inmate
- ☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- ☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- ☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 6-23-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen - date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I am grieving RN, NM, Brendan Magee for his continued attempt to cover up medical abuse I endured previously by - responding to a grievance filed on another nurse manager here at OSP infirmary on 5-27-17. Grievance # OSP 2017-04-057. N.M. Magee has been tampering with witnesses in my medical abuse case for over two years now, when he intentionally intercepted a total of 6 Kyles that I addressed to other staff members I sent starting the day of my abuse. NM, Magee has continued his cover up attempts by responding to another grievance # OSP 2017-04-057 to help cover the nurse manager mentioned

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

in my grievance evade responding to my grievances!! You have no professional reason for responding to another nurses grievance other than your combined attempts of cover up

7-21-17  
Date

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Dennis Gines  
Inmate Signature

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Date Stamp

Date Stamp

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Grievance # OSP-2017-07-089  
Staff Use Only

## GRIEVANCE FORM

Inmate: GINGS DENNIS L 12019691 C-212-B  
Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☒ The lack of an administrative directive or operational procedure
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- ☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 6-23-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

We are allowed by rule and law to file grievances on those who need accountability for their misdeeds by answering grievances for their actions but, you have violated these rights by responding. Furthermore, your response to another's grievance # OSP 2017-04-057 dated, 6-23-17 denying me relief is solely out of retaliation for my grievance # OSP 2015-07-067 dated 6-6-15 for the same cover up attempts like intercepting 6-Kyles addressed to other staff, also for filing a bogus write up on me for 3 major offenses to intimidate me from speaking out about the abuse, which was quickly dropped as it should

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

have been! You tried unsuccessfully to stop me!! But, there is no limits for you when it comes to covering up – medical abuse.

7-21-17  
Date

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Dennis Gings  
Inmate Signature

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For grievance information see back page

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Grievance #

OSP-2017-07-389

Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☒ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
☒ Any oversight or error affecting an inmate  
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation  
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)  
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 6-23-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Too, I also filed a medical complaint on N.M. Magee dated 12-16 and again on 11-1-16 for ALL of his efforts to cover up the abuse with the Oregon State Board of Nursing, his response dated on 6-23-17 to another staff's grievance denying me any relief out of retaliation for my filing a complaint on him. In your response you state: several things that are lies like I have no evidence to support my claims, thanks to your inability to mind your own business, you have still provided me with plenty of paperwork for you, now to include your grievance response denying me relief out of retaliation!! You are-

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

still trying to cover up this whole mess you made by any means necessary.

7-21-17  
Date

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Dennis Gines  
Inmate Signature

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RG 4

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4 of 4

Grievance # OSP-2017-07-089  
Staff Use Only

## GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B  
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure  
☒ The lack of an administrative directive or operational procedure  
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises  
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Please provide the date/time of incident giving rise to grievance: 6-23-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

- The action I want taken to resolve this grievance is:
- #1. Please see attached copy of your response
- #1. Stop responding to Kyles or grievances that are not yours, allow them to be properly addressed!
- #2. DO NOT retaliate against me any longer in the future!!
- #3. Answer this grievance on your yourself for your actions.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

- #4. Answer all of my concerns in detail!
- #5. Be reprimanded for still trying to cover up abuse for

7-21-17  
Date

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Dennis Gines  
Inmate Signature

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Date Stamp

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**GRIEVANCE RESPONSE FORM****TO BE FILLED OUT BY STAFF****Grievance #****OSP 2017-04-057**TO: Gines, Dennis#12019691

Inmate/Client Name

Institution #

FROM: B. Magee, RN, NM

Staff Member

1. List, in detail, action(s) taken. (What action was taken? Was the action what the client requested? If not, why? Who took the action? When was the action taken – date/time?)

Sir,

I have read your grievance and researched your complaint. Medical Services Manager (MSM) Carrie Coffey has responded to your written communications promptly and respectfully, and provided directives which are well within her scope as a medical services supervisor. Her responses are factual and objective, as they relate to the inappropriate inquiry you have attempted to express towards a Registered Nurse under her supervision. Although you are entitled to voice complaints about the services you receive within the DOC through the formal grievance process, Oregon Board of Nursing, or Oregon legal system, you are not entitled to address investigatory inquiries directly with a DOC staff member. If an inquiry is to be conducted, it will be conducted between the official investigatory office or representative and the staff member(s) in question.

There is no evidence which suggests that MSM C. Coffey has attempted to "cover up" any medical wrongdoing, rather she has provided you with valid directives as to the inappropriate nature of your attempted interactions with DOC staff.

Please continue to work with health services regarding your medical concerns.

Thank you.

Do Not Type Past This Line

Date:

6/23/17

Signature of Staff Member

B. Magee, RN, NM

Signature of Supervisor

ATTN: sch

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pg 6